The Health of Bradford

1954

E ANNUAL REPORT OF THE MEDICAL OFFICER
HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER
JOHN DOUGLAS, M.D., D.P.H.

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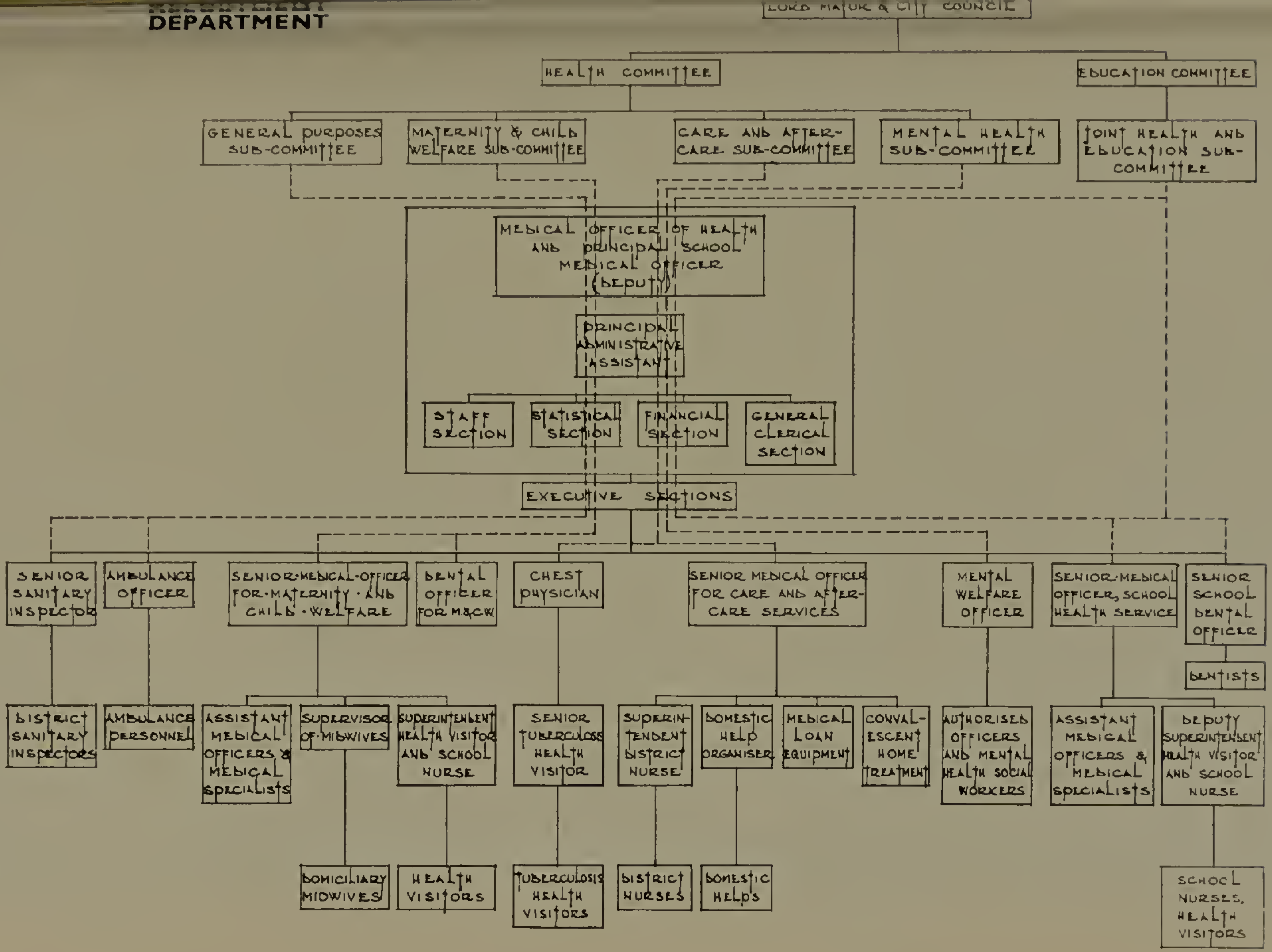
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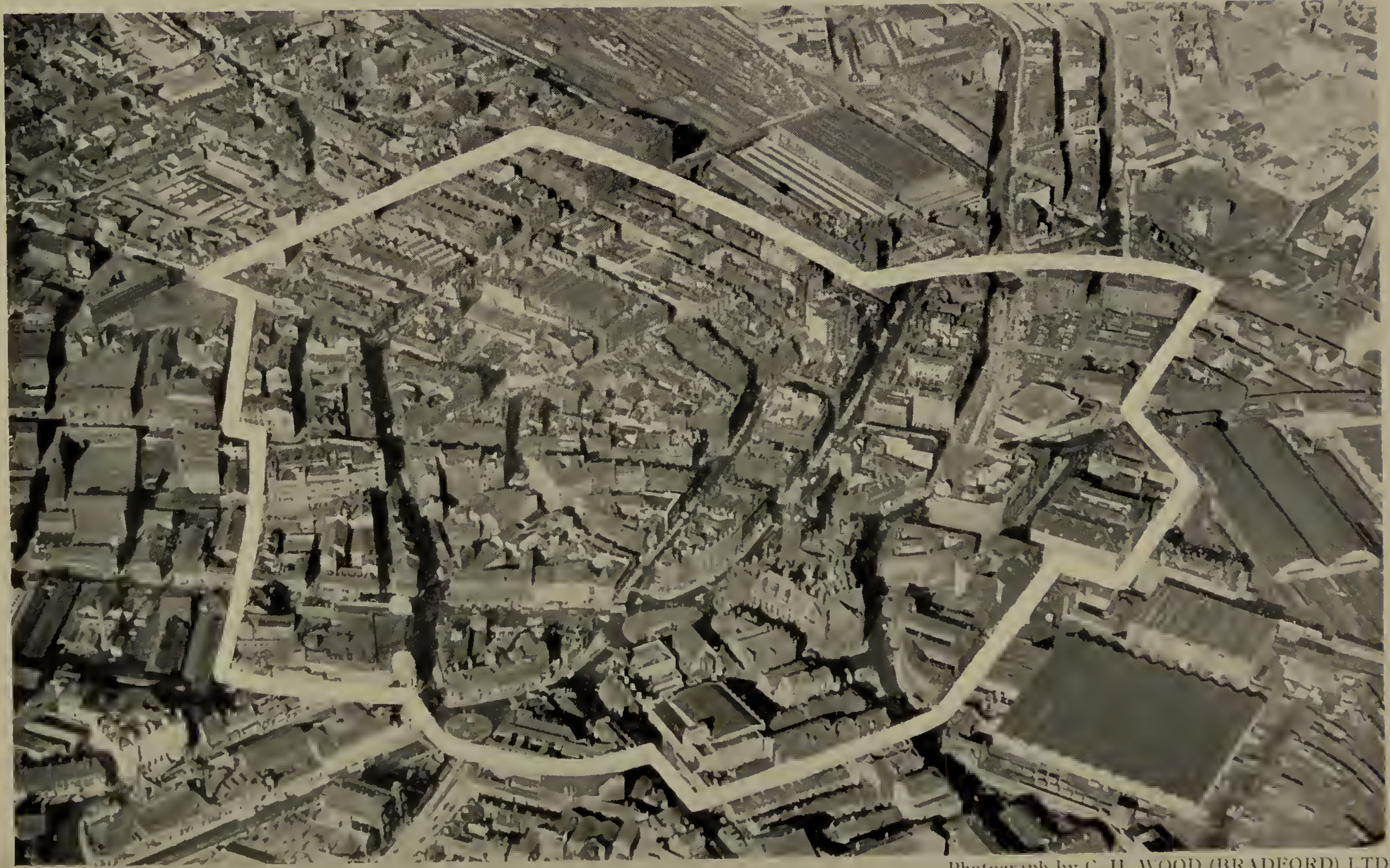

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CITY OF BRADFORD

Preface

The following report on the health of the city has been compiled along the lines laid down by the Ministry of Health.

It was on the whole a satisfactory year despite the poor weather. An increase in the death rate from 13·8 per 1,000 to 14·3 was due to an increased number of deaths of persons over 65. In all other age groups there were fewer deaths than in the previous year. There was no epidemic of any consequence and the infantile mortality rate of 31·4 was the lowest ever recorded and compared very favourably with the 1953 rate of 37 per 1,000 live births.

The communicable diseases were much less prevalent and there were no deaths from poliomyelitis, diphtheria, measles or whooping cough.

The dramatic reduction in deaths from pulmonary tuberculosis continued. In 1946 there were 130 deaths, 1947—121, 1948—121, 1949—119, 1950—92, 1951—86, 1952—61, 1953—40 and in 1954—32. There has not, however, been a corresponding decrease in the number of new cases of the disease, many of these occurring amongst the foreign population introduced to the city since the war. Dr. Stevenson in his section of the report observes that twenty per cent of the male notifications in 1954 were in respect of tuberculosis infections in this group.

In my report for 1949 I drew attention to the increased number of notifications of pulmonary tuberculosis during that year, and the need for additional hospital and sanatorium beds. The unsatisfactory housing conditions of so many of the patients were also described. It is now most pleasing to be able to report that the efforts of the Regional Hospital Board, the Hospital Management Committees and the Local Authority to remedy these deficiencies have met with success.

Additional beds have been provided, 28 at St. Luke's Hospital and 42 at the Leeds Road Fever Hospital and a surgical thoracic unit has been established at the Bradford Royal Infirmary. In the five year period ending 31st December, 1954, 207 families with one or more members suffering from tuberculosis have been rehoused in Council houses. There is no longer an appreciable waiting list for admission to sanatoria and the housing circumstances of the great majority of those suffering from the disease are satisfactory.

As deaths from tuberculosis of the lung decrease, deaths from lung cancer increase. Eighteen deaths in 1932 have become 106 in 1954. That this increase is associated in some way with atmospheric pollution and cigarette smoking remains little in doubt. Similarly linked with atmospheric pollution is chronic bronchitis which is responsible on an average for 300 deaths each year.

An attempt to diminish the smoke environmental hazard and in continuance of a policy incepted by the Health Committee in December, 1946, the City Council, in accordance with the powers obtained in the Bradford Corporation Act, 1949, made an Order declaring some 20 districts of the city Smokeless Zones as from April, 1955. The areas concerned are the post-war housing estates and a zone in the centre of the city, totalling over 1,000 acres, an appreciable portion of the city's 25,000 acres. It is hoped that a gradual expansion of these zones will take place year by year and that within a reasonable space of time there will be a noticeable reduction of the smoke haze and a diminished incidence of smog.

In September Dr. Helen Gall retired from the post of Senior Medical Officer to the Maternity and Child Welfare Department after many years devoted service to the mothers and children of this city.

Dr. Gall by her enthusiasm and zeal built up a Maternity and Child Welfare Service which is universally acknowledged as one of the finest in the country. She played a great part in reducing the high mortality rate amongst infants, and it is a source of great satisfaction that in her last year of service the record low Infantile Mortality Rate of 31 deaths per 1,000 live births was reached. The good wishes of us all go with her in her retirement.

Mr. H. I. Shoesmith also retired during the year. He was dental officer in the same department for over thirty years. He was one of the first dentists to specialise in work amongst mothers and young children and developed a most successful service. He also will be greatly missed by his colleagues.

JOHN DOUGLAS
Medical Officer of Health and
Principal School Medical Officer

Section I

Social Circumstances and Vital Statistics

POPULATION
EMPLOYMENT
METEOROLOGY
VITAL STATISTICS
BIRTHS
DEATHS
STILLBIRTHS AND INFANTILE MORTALITY
MATERNAL MORTALITY

Section I

Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882, Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years up to 1900 increased to 280,000. At times the population was increasing with such rapidity that it was mpossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 n 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000, whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's, and the Second World War. The census of 1931 returned the population as 298,000, and the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

The Registrar General's estimate of population since the 1951 census as been as follows:—

Year	Population
1952	288,000
1953	286,600
1954	286,500

Employment in Bradford

We are indebted to Mr. C. W. Llanwarne, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:—

TABLE 1 *Number of Persons in Employment in Bradford in June* 1954, *according to National Insurance Cards exchanged*

Industry (1)	Males aged 15 and over (2)	Females aged 15 and over (3)	Total Males and Females 15 and over (4)
Textiles . .	25,834	28,915	54,749
Distribution	10,537	7,671	18,208
Engineering, Shipbuilding, etc.	10,253	2,333	12,586
Transport	6,192	872	7,064
Public Administration . .	3,750	2,150	5,900
Building and Construction	5,369	167	5,536
Clothing . .	711	2,667	3,378
Paper and Printing	2,162	1,630	3,792
Vehicles . .	5,197	944	6,141
Food, Drink and Tobacco	2,554	1,104	3,658
Professional Services . .	2,724	4.927	7,651
Wood and Cork	1,579	367	1,946
Gas, Electricity, Water	2,517	193	2,710
Metal Goods	1,533	247	1,780
Metal Manufacture	1,172	123	1,295
Precision Instruments . .	67	56	123
Chemicals	880	421	1,301
Insurance, Banking and Finance	1,254	729	1,983
Mining Products and Quarrying (including Bricks)	431	61	492
Other Manufacturing Industries	109	48	157
Leather . .	102	77	179
Agriculture	237	43	280
Entertainment, Sport & Miscellaneous	2,424	5,922	8,346
Ex-Servicemen . .	69	8	77
	87,657	61,675	149,332

The table shows that there are 149,332 persons aged 15 and over i employment in the city. The following table shows the equivalen number for the last five years, with the percentage of the tota population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Tota Population*, 1950–54

	No. of Persons Employed	Percentage of Population
1950	145,937	49·6
1951	155,153	53·0
1952	147,154	51·0
1953	147,854	51·5
1954	149,332	52·1

Meteorology

Bradford is situated in a bowl-shaped depression on the east side of the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. at Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1954, the average of the monthly mean temperatures was 47·1°F., which is about the average for previous years.

Rainfall amounted to 40·96 inches, which is about 6 inches more than the average. The driest month was April (0·44 inches) and the wettest month was August (7·5 inches). The average monthly rainfall was 3·41 inches, compared with the normal average of about 2·83 inches. The heaviest daily rainfall was recorded on 20th August when 2·04 inches fell. This represented 27 per cent of the total rainfall for that month.

There were 1,067 hours of bright sunshine, which is almost 200 hours less than the average over a long period. The sunniest month was September with 158·2 hours. December, the month with least sun, had only 27·2 hours. Maximum sunshine recorded on any one day in the year was on 19th July, when 12·8 hours were observed.

During the year snow fell on 19 days and lay on the ground for a total period of 21 days. Heaviest falls were in February (10 days), and during this month snow lay on the ground for 14 days. Snow falling on 4 of the 10 days in February was not evenly distributed, and fell only on high ground in the form of a snow shower.

Fog was observed on 28 days during the year, and February, with 9 days, was the worst month.

Vital Statistics

The following are the principal vital statistics for 1954, with comparable figure for 1953.

	1954	1953
Estimated population	286,500	286,600
Comparability factors—(*a*) births	1·00	1·01
(*b*) deaths	0·97	0·97
Births (total live and still)	4,702	4,653
Births—Live	4,585	4,562
Still	117	91
Crude birth rate per 1,000 population	16·4	15·9
Birth rate as adjusted by factor	16·4	16·0
Deaths	4,236	4,059
Crude death rate per 1,000 population	14·78	14·2
Death rate as adjusted by factor	14·34	13·8
Infantile mortality rate per 1,000 live births	31·4	37·0
Neo-natal mortality rate per 1,000 live births	20·0	24·5
Still birth rate per 1,000 total births	24·9	19·5
Maternal mortality rate per 1,000 total births	0·42	0·21
Tuberculosis rates per 1,000 population:		
(*a*) primary notifications—Respiratory	0·92	1·06
Non-respiratory	0·12	0·19
(*b*) Deaths—Respiratory	0·11	0·14
Non-respiratory	0·02	0·03
Death rates per 1,000 population from:		
Cancer (all forms, including Leukaemia and Aleukaemia)	2·30	2·3
Mennigococcal Infections	0·00	0·007
Whooping Cough	0·00	0·007
Influenza	0·12	0·132
Measles	0·00	0·00
Acute poliomyelitis and encephalitis	0·00	0·01
Diarrhoea (under 2 years)	0·02	0·007
Diarrhoea (under 2 years) per 1,000 live births	1·30	0·438

Births

Births registered during the year numbered 4,702 (2,427 males and 2,225 females). The birth rate is 16·4 per thousand of the population compared with 15·9 in 1953.

In Bradford the birth rate reached an average of 31 in 1881–85. Its downward movement since that time is shown in the following table:—

TABLE 3 *Birth Rates, Bradford,* 1881–1954

Period	Rate
1881–85	31·1
1886–90	29·8
1891–95	27·5
1895–1900	25·1
1901–05	22·6
1906–10	20·1
1911–15	19·0
1916–20	15·4
1921–25	17·9
1926–30	15·2
1931–35	13·5
1936–40	13·1
1941–45	14·5
1946	19·3
1947	22·2
1948	18·8
1949	17·3
1950	16·7
1951	16·4
1952	15·9
1953	15·9
1954	16·4

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives the same rate of 16·4 per thousand population.

Of the 4,585 live births registered, 296 or 6·4 per cent were illegitimate. This rate has ranged from a minimum of 4·3 per cent in 1906 o a maximum of 10·8 per cent in 1945.

The illegitimate birth rate now appears to be steady at between and 7 per 100 total births.

Deaths

There were 4,236 deaths (2,058 males and 2,178 females) during th year, giving a crude mortality rate of 14·8 per thousand population Adjustment of the figure by the area comparability factor gives a rat of 14·3. The rate for Bradford is higher than those for the remainde of the twenty large towns of England and Wales which range betwee 9·5 and 13·9. The rate for the London Administrative County is 10·57

The following table shows the crude death rate in Bradford in th period 1886–1954:—

Table 4

Period	Rate
1886–90	20·9
1891–95	19·7
1896–1900	17·9
1901–05	16·3
1906–10	15·1
1911–15	15·5
1916–20	16·0
1921–25	14·1
1926–30	14·2
1931–35	14·1
1936–40	14·7
1941–45	14·2
1946	14·4
1947	14·7
1948	13·4
1949	14·5
1950	14·2
1951	15·4
1952	13·7
1953	14·2
1954	14·8

The Bradford rate is, on average, 2·6 per thousand higher than t rate for the country as a whole.

The following table shows the distribution of deaths by separa age groups for the past six years.

Table 5 *Deaths by Separate Age Groups, Bradford,* 1949–1954

Age	1949	1950	1951	1952	1953	1954
0–1	191	185	208	152	169	141
1–5	40	46	33	29	24	19
5–15	24	25	17	18	21	13
15–25	40	42	33	20	23	22
25–45	195	205	189	156	174	142
45–65	992	1,031	1,070	938	966	957
65–75	1,272	1,181	1,244	1,087	1,108	1,197
Over 75	1,469	1,458	1,662	1,307	1,574	1,745

Table 6 shows the causes of death at different periods of life duri 1954.

of Death at Different Periods of Life, 1954

	Disease	0–1	1–5	5–15	15–25	25–45	45–65	65–75	Over 75	Total Males	Total Females	Total
		Age Groups (both sexes)										
1.	Tuberculosis, respiratory	–	–	–	–	5	17	8	2	24	8	32
2.	Tuberculosis, other	–	2	–	–	1	2	1	–	1	5	6
3.	Syphilitic disease	–	–	–	–	–	4	2	2	4	4	8
4.	Diphtheria	–	–	–	–	–	–	–	–	–	–	–
5.	Whooping cough	–	–	–	–	–	–	–	–	–	–	–
6.	Mennigococca infectionsl	–	–	–	–	–	–	–	–	–	–	–
7.	Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–
8.	Measles	–	–	–	–	–	–	–	–	–	–	–
9.	Other infective and parasitic diseases	–	–	–	1	2	2	1	1	3	4	7
10.	Malignant neoplasm, stomach	–	–	–	–	4	29	43	44	64	56	120
11.	do. lung, bronchus	–	–	–	2	3	61	29	8	89	14	103
12.	do. breast	–	–	–	–	4	24	21	10	–	59	59
13.	do. uterus	–	–	–	–	1	23	11	5	–	40	40
14.	Other malignant and lymphatic neoplasms	–	–	1	1	20	109	106	91	169	159	328
15.	Leukæmia, aleukæmia	1	2	3	–	1	7	7	–	10	11	21
16.	Diabetes	–	–	–	–	1	2	10	10	5	18	23
17.	Vascular lesions of nervous system	–	–	–	–	10	118	191	307	260	366	626
18.	Coronorary disease; angina	–	–	–	–	13	172	239	190	363	251	614
19.	Hypertension with heart disease	–	–	–	–	2	21	50	55	52	76	128
20.	Other heart disease	–	–	–	4	22	75	163	531	321	474	795
21.	Other circulatory disease	–	–	–	–	–	27	44	96	62	105	167
22.	Influenza	2	1	–	2	1	8	5	15	24	10	34
23.	Pneumonia	25	6	1	1	3	32	41	95	96	108	204

Disease	Age Groups (both sexes)										
	0–1	1–5	5–15	15–25	25–45	45–65	65–75	Over 75	Total Males	Total Females	Total
24. Bronchitis	3	1	–	–	7	69	103	113	189	107	296
25. Other diseases of respiratory system ..	–	–	–	–	–	10	6	7	14	9	23
26. Ulcer of stomach, and duodenum.. ..	–	–	–	–	6	16	9	9	28	12	40
27. Gastritis, enteritis and diarrhœa	6	–	–	–	–	2	5	2	10	5	15
28. Nephritis and nephrosis	–	1	–	1	4	16	11	12	20	25	45
29. Hyperplasia of prostate	–	–	–	–	–	1	2	9	12	–	12
30. Pregnancy, childbirth, abortion	–	–	–	2	–	–	–	–	–	2	2
31. Congenital malformations	32	1	2	–	–	–	–	–	16	19	35
32. Other defined and ill-defined diseases ..	64	2	1	2	13	61	57	83	137	146	283
33. Motor vehicle accidents	–	1	3	5	6	9	8	5	25	12	37
34. All other accidents	7	2	2	–	6	17	17	40	35	56	91
35. Suicide	–	–	–	1	7	21	7	3	23	16	39
36. Homicide and operations of war	1	–	–	–	–	2	–	–	2	1	3
	141	19	13	22	142	957	1,197	1,745	2,058	2,178	
									4,236		4,236

The following table shows the relative frequency of the principal cause sof death during 1954, with the comparative frequencies for 1953:—

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1954*

Cause of Death	Number	% of Total 1954	% of Total 1953
Heart disease	1,537	36·28	34·9
Cancer	671	15·84	16·2
Vascular lesions of nervous system	626	14·77	14·2
Bronchitis	296	6·98	7·2
Pneumonia	204	4·81	4·9
Violence	170	4·01	4·2
Other circulatory diseases	167	3·94	2·9
Nephritis and nephrosis	45	1·06	0·8
Ulcer of the stomach and duodenum	40	0·94	0·8
Tuberculosis	38	0·89	1·2
Congenital malformations	35	0·82	0·7
Influenza	34	0·80	0·9
Diabetes	23	0·54	0·6
Other diseases of the respiratory system	23	0·54	0·6
Other defined and ill-defined diseases	283	6·68	7·8
		98·90	

The remaining 1·1 per cent of deaths are attributed to the causes numbered 3–9 inclusive; 27, 29 and 30 in Table 6.

Causes of death responsible for greater and smaller percentages of total deaths than in 1953 are as follows:—

Greater

- Heart disease
- Vascular lesions of nervous system
- Other circulatory diseases
- Nephritis and nephrosis
- Ulcer of the stomach and duodenum
- Congenital malformations

Smaller

- Cancer
- Bronchitis
- Pneumonia
- Violence
- Tuberculosis
- Influenza
- Diabetes
- Other diseases of respiratory system
- Other defined and ill-defined diseases

The number of deaths from the epidemic diseases and from tuberculosis continues to fall, and in 1954 only 0·89 per cent of deaths were attributed to the latter. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and almost 67 per cent of deaths were due to these diseases.

Heart Disease

Deaths from coronary disease and angina pectoris during the last five years have been as follows:—

TABLE 8

Year	Number
1950	528
1951	542
1952	556
1953	510
1954	614

Cancer, Malignant Neoplasms

There were 671 deaths; a number of which differs little from the numbers reported in the last ten years.

The following table shows the increase in the incidence of death from cancer of the lung and bronchus:—

TABLE 9

Year	Number	Males	Females
1932 ..	18		
1936 ..	36		
1940 ..	42		
1949 ..	82		
1950 ..	94		
1951 ..	106	88	18
1952 ..	94	74	20
1953 ..	104	91	13
1954 ..	103	89	14

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 626 deaths (260 males and 366 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1944–1954.

TABLE 10

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Males ..	201	190	188	179	196	240	236	229	240	241	260
Females ..	279	292	267	271	221	287	334	341	301	336	366
Total ..	479	482	455	450	417	527	570	570	541	577	626

There has been no significant alteration in the death rate from intra-cranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1944–1954:—

TABLE 11

Pneumonia

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Males ..	114	102	97	109	93	100	70	112	76	110	96
Females ..	67	73	75	74	80	104	76	97	53	90	108
Total ..	181	175	172	183	173	204	146	209	129	200	204

Bronchitis

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Males ..	142	153	153	199	142	167	177	209	92	197	189
Females ..	90	112	84	115	99	96	90	130	51	98	107
Total ..	232	265	237	314	241	263	267	339	143	295	296

In the past ten years there has been no significant alteration in the death rates from these diseases.

Violence

Deaths from violence numbered 170. Suicide accounted for 39, motor vehicle accidents 37, and other accidents, etc., 94.

Tuberculosis

There were 32 deaths from respiratory tuberculosis giving a crude death rate of 0·11, and 6 deaths from other forms of tuberculosis, giving a crude death rate of 0·02 per thousand population.

The crude death rate from all forms of tuberculosis was 0·13.

The following table shows the number of deaths from all forms of tuberculosis and the mortality rate per thousand population for Bradford in the period 1944–1953:—

TABLE 12

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Deaths ..	142	149	150	148	141	141	109	105	73	50	38
Rate ..	0·54	0·53	0·54	0·51	0·49	0·48	0·37	0·36	0·26	0·17	0·13

The following table shows the number of deaths from pulmonary tuberculosis and the mortality rate per thousand population for Bradford in the same period.

TABLE 13

Deaths ..	115	105	130	121	121	119	92	86	61	40	32
Rate ..	0·44	0·38	0·47	0·42	0·42	0·41	0·31	0·28	0·23	0·14	0·11

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notification of respiratory tuberculosis during 1954 numbered 252, a notification rate of 0·92 per thousand population. The number for non-respiratory was 32 and the rate 0·12.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the general preponderance of deaths among males in the diseases of the respiratory tract:—

Disease	Deaths Males	Deaths Females
Respiratory tuberculosis	24	8
Malignant neoplasm, lung, etc.	89	14
Influenza	24	10
Pneumonia	96	108
Bronchitis	189	107
Other diseases of respiratory system ..	14	9
	436	256

During 1954 the ratio of males to females in the total deaths was 1 : 1·06, whilst the ratio in diseases of the respiratory tract was 1 : 0·6.

Stillbirths and Infantile Mortality

There were 117 stillbirths—a rate of 24·9 per thousand total births, compared with the 19·5 of 1953. The rates for the twenty large towns of England and Wales range between 19·8 and 31·8. The rate for the London Administrative County is 19·8.

The illegitimate stillbirths numbered 14, giving a rate of 2·9 per thousand total births, and representing 11·9 per cent of all stillbirths.

BRADFORD'S HEALTH IN 1955

Preliminary Report by the Medical Officer of Health
JOHN DOUGLAS, M.D., D.P.H.

On the whole this has been a satisfactory year. There were no major epidemics, and the death rate was 0.8 per thousand population lower than in 1954. The downward trend in death rates from the epidemic diseases and from tuberculosis was maintained, whilst the number of deaths from heart disease, cancer and cerebral haemorrhage, which increases year by year, accounted for approximately 72% of all deaths in 1955. The number of deaths from cancer of the lung and bronchus increased appreciably from 103 in 1954 to 129 in 1955.

As one would expect, during a year of better than average weather, absenteeism from work and from school was not high. New claims for sickness benefit by workers followed much the average pattern, save that numbers were somewhat lower than average during the first three months of the year.

Total notifications of infectious diseases were 8,994 compared with 6,481 in 1954 and 13,631 in 1953. Notifications of measles rose from 887 in 1954 to 5,415 in 1955. This increase had been expected, in accordance with the measles cycle. There were 41 notifications of acute anterior poliomyelitis, with 4 deaths, compared with the 8 notifications in 1954. Notifications of whooping cough fell from 1,564 in 1953, 617 in 1954, to 324 in 1955. There was nothing of significance in the numbers of notifications of other diseases.

The birth rate was maintained at 16.4 per thousand population. The 127 deaths of infants under one year of age gave a provisional infantile mortality rate of 28 per thousand live births; the lowest ever recorded. With 3 maternal deaths, the maternal mortality rate rose to 0.65 per thousand total births.

The statistics given in this preliminary report must be regarded as provisional only, although it is not anticipated that the final figures will differ to any great extent from those given below.

A. VITAL STATISTICS

BIRTHS, after a correction for residence, numbered 4,706. The provisional crude birth rate for 1955 is 16.4 per thousand population. The birth rate of 12.3 in 1941 was the lowest ever recorded. From that time the rate rose until the peak was reached in 1947(22.2). The rate then fell gradually to 15.9 in 1953. In 1954 there was a rise to 16.4, which rate is maintained in the year under review. The rates for the past few years have been as follows:-

1955	16.4	1951	16.3
1954	16.4	1950	16.7
1953	15.9	1949	17.3
1952	15.9	1948	18.8

DEATHS, after a correction for residence, numbered 3,996. The provisional crude death rate for 1955 is 14.0 per thousand population. The rates for the past few years have been as follows:-

1955	14.0	1951	15.4
1954	14.8	1950	14.2
1953	14.2	1949	14.5
1952	13.7	1948	13.4

The relative frequencies of causes of death in 1955, with comparative figures for 1954, were as follows:-

Cause of Death	Numbers 1954	Numbers 1955
Total deaths	4,158	3,996
Heart disease	1,537	1,595
Malignant neoplasm	650	751
Vascular lesions of nervous system	626	530
Pneumonia	204	218
Bronchitis	296	171
Violence	170	153
Nephritis and nephrosis	45	80
Ulcer of stomach and duodenum	40	50
Tuberculosis (lungs and other)	38	39
Diabetes	23	24
Influenza	34	14

INFANTILE MORTALITY. The provisional rate of infantile **mortality** for 1955 is 28 per thousand live births. The rates for the past few years have been as follows:-

1955	28	1951	43
1954	31	1950	38
1953	37	1949	38
1952	33	1948	43

The provisional rate of NEO-NATAL mortality (i.e. of children under four weeks) is 17.0 per thousand live births. The rates for the past few years have been as follows:-

1955	17	1951	21
1954	20	1950	19
1953	24	1949	20
1952	20	1948	22

MATERNAL MORTALITY. The provisional rate for maternal mortality is 0.65 per thousand total births. The rates for the past few years have been as follows:-

1955	0.65	1951	1.23
1954	0.42	1950	1.40
1953	0.21	1949	1.35
1952	0.84	1948	0.88

INFECTIOUS AND OTHER DISEASES

Disease	Number of Notifications 1954	Number of Notifications 1955
Scarlet Fever	514	332
Whooping Cough	617	324
Measles	887	5,415
German Measles	104	57
Chicken Pox	1,653	526
Typhoid and Paratyphoid Fevers	3	-
Dysentery	544	210
Infective Enteritis	1,115	1,029
Food Poisoning	42	39
Salmonellosis	124	157
Ophthalmia Neonatorum	9	7
Puerperal Pyrexia	23	45
Erysipelas	78	50
Pemphigus	2	-
Acute Poliomyelitis	8	41
Meningococcal Infection	7	4
Pneumonia	464	482
Pulmonary Tuberculosis	252	253
Non-pulmonary Tuberculosis	31	23
	6,481	8,994

B. GENERAL STATISTICS

CHILD WELFARE CENTRES

The Central Clinic is open daily and there are 21 branch clinics throughout the city. Attendances at the various clinics during the year may be compared with those during 1954:-

Clinic	Attendances during Year	
	1954	1955
Central	13,448	12,233
Southend Hall	780	704
Otley Road	3,667	3,026
Brownroyd	3,912	2,990
Saint Street	4,402	4,315
Usher Street	2,514	2,378
Clayton	1,116	1,251
Odsal	3,037	3,605
Green Lane	3,952	4,136
Lapage Street	3,671	4,059
Idle	2,500	2,859
Bierley	2,058	2,194
West Bowling	2,509	2,494
Esholt	208	187
Ravenscliffe	2,836	3,287
Daisy Hill	1,071	904
Lidget Green	972	1,252
Thornton	1,067	999
Buttershaw	2,291	2,488
Wyke	804	920
Allerton (opened in September, 1954)	219	941
Nursing Mothers' Ward (held at Central Clinic)	1,027	754
Bolton Woods (opened in November, 1955)	-	80
	58,061	58,056

ANTE-NATAL AND POST-NATAL CLINICS

The number of attendances at the ante-natal and post-natal clinics during the year was 3,678; 699 post-natal visits and 2,979 (672 primary and 2,307 subsequent) ante-natal visits.

DOMICILIARY MIDWIFERY

During the year municipal midwives attended 1,899 mothers in their confinement, whilst a further 195 confinements were attended by midwives acting as maternity nurse. Gas and air analgesia was administered in 1,805 cases.

HEALTH VISITING

The health visitors made 87,064 visits during the year. Details of these visits with comparable figures for 1954, are as follows:-

Summary of Visits	1954			1955		
	Primary	Sub-sequent	Total	Primary	Sub-sequent	Total
Infants	4,571	17,278	21,849	4,533	18,999	23,532
Children 1-2 years	-	-	13,898	-	-	15,866
Children 2-5 years	-	-	25,604	-	-	29,396
Expectant Mothers	806	423	1,229	905	536	1,441
Tuberculosis	306	4,541	4,847	272	6,220	6,492

Details of Visits

	1954	1955
Gastro-enteritis	3,622	3,889
Whooping Cough	3,282	84
Measles	502	1,026
Stillbirths	91	75
Infant deaths	67	66
Foster children	-	-
Adoptions	-	-
After-care	317	350
Old People	844	2,220
Special Visits	1,941	1,989
Attendances at clinics	2,693	2,453
Total cases visited	78,480	87,064
Total houses visited	61,106	65,133
Tuberculous households	4,624	6,089

DAY NURSERIES

There are 10 day nurseries in the city and the number of attendances during the year may be compared with those of 1954:-

Name	Age of Children	Places	Yearly Attendances 1954	Yearly Attendances 1955
Farcliffe	0 - 5	70	15,038	13,657
Brownroyd	0 - 5	50	11,966	10,668
Thornbury	0 - 5	40	9,080	8,443
Bierley	0 - 5	40	6,405	4,296
Canterbury	0 - 5	40	7,647	8,417
Princeville	2 - 5	40	7,782	7,031
Swain House	0 - 5	30	5,952	6,825
Greaves Street	0 - 5	50	6,838	8,924
Thornlea	0 - 5	30	5,552	4,847
Lilac Grove (open in May, 1953)	0 - 5	50	9,503	7,434
			85,763	80,542

CARE AND AFTER-CARE SERVICES

HOME NURSING

The following table shows the classification and number of main types of cases attended by home nurses in 1955, with comparative figures for 1954:-

	1954		1955	
	Cases	Visits	Cases	Visits
Medical	2,262	33,644	2,435	34,547
Surgical	537	10,673	632	10,228
Gynaecological	160	549	143	496
Complicated Midwifery	1	6	3	13
Operations	1	5	-	-
	2,961	44,877	3,213	45,284

These totals include the following:-

	1954		1955	
	Cases	Visits	Cases	Visits
Pneumonia	133	917	96	892
Tuberculosis	51	1,091	42	1,106
Infectious Diseases	1	6	2	13
Old Age Pensioners	1,440	25,859	1,509	25,955
Children under 14 years	334	1,565	305	1,740
Injections - Insulins	67	3,730	94	3,811
Others	727	6,618	752	7,296
National Assistance	43	898	41	596
Cases sent in by:-				
Doctors	2,367	34,276	2,381	34,556
Hospitals	454	9,706	563	9,619
Applied	133	867	267	1,106
Public Health Dept.	7	28	2	3

Discharges were as follows:-

	1954	1955
Convalescent	1,662	1,670
Died	448	426
Transferred to Hospital	402	478
Relieved	103	177
Other Causes	55	159

HOME HELP SERVICE

New applications for assistance during the year numbered 1,579 compared with 1,616 in 1954.

The following table shows a further analysis of the applications. Comparative figures are given for 1954.

New applications received in respect of:-

	1954	1955
General and chronic sickness cases	400	309
Old people	592	618
Tuberculosis cases	30	26
Blind persons	24	22
Maternity cases	570	604
	1,616	1,579

Help was given to approximately 76% of the applicants, compared with 70% in 1954.

AMBULANCE SERVICE

There was a 9% increased demand on the Ambulance Service from the previous year. A summary of the work done by the Service during 1955, with comparative figures for previous years, is given below.

Year	Cases	% increase on previous year	Mileage	Average miles per case
1948	24,059	-	157,451	6.54
1949	47,012	95	250,969	5.34
1950	69,691	48	284,758	4.08
1951	85,237	22	300,618	3.58
1952	93,128	9	309,779	3.35
1953	107,660	15	347,960	3.23
1954	110,863	3	364,139	3.28
1955	120,984	9	397,628	3.28

Infantile Mortality

In Bradford during 1954 there were 146 deaths of children under one year of age, giving an infantile mortality rate of 31·4 per thousand live births. This rate is the lowest ever recorded.

The rates for the twenty large towns of England and Wales range between 19·0 and 34·06 in 1954, and the rate for the London Administrative County is 20·7.

The following table shows the rates for Bradford in the period 1944–1954:—

TABLE 14

Year ..	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Rate ..	54	65	51	60	43	37	38	43	33	37	31

The rate for the country as a whole has shown a steady decrease for many years. The Bradford rate has shown a marked decrease over the years, but with periodical sharp increases from one year to another.

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 20·0.

Table 15 gives an analysis of infant deaths in the period 1950–1954.

Table 16 shows net deaths of infants from stated causes in the period 1952–1954.

TABLE 16

International List No.	Cause of Death	1952	1953	1954
A2	Tuberculous meningitis	—	1	—
A20	Septicaemia	—	1	1
A22	Whooping Cough	—	1	—
A23	Meningococcal infections	1	2	—
A29	Acute infectious encephalitis	—	1	1
A30	Late effects of poliomyelitis	1	—	—
A57	Malignant neoplasm	1	—	—
A71	Non-meningococcal meningitis	1	4	2
A88	Influenza	—	—	1
A89	Lobar pneumonia	3	1	—
A90	Bronchopneumonia	25	23	19
A91	Unspecified pneumonia	1	2	1
A92	Acute bronchitis	1	4	2
A95	Empyema and lung abscess	1	—	—
A96	Pleurisy	—	1	—
A103	Intestinal hernia and obstruction	—	2	—
A104	Gastro-enteritis and colitis over 1 month	8	2	5
A107	Other diseases of the digestive system	1	1	—
A124	Osteomyelitis and periostitis	1	—	—
A126	Skin diseases	1	—	—
A127	Spinabifida and meningocele	6	6	7
A128	Congenital malformations of the circulatory system	7	2	12
A129	Other Congenital malformations	3	9	10
A130	Birth injuries	8	18	9
A131	Post natal asphyxia and atelectasis	11	14	15
A132	Infections of the newborn	12	15	9
A133	Haemolytic disease of the newborn	5	4	6
A134	All other defined diseases of early infancy	—	3	4
A135	Ill defined diseases of early infancy and immaturity	50	42	35
A137	Ill defined and unknown causes of mortality	1	—	1
AE140	Accidental death by poisoning	—	1	—
AE147	Other accidental causes of death, overlaying, etc.	7	3	6
		156	163	146

Maternal Mortality

There has been a most gratifying diminution in the number of deat due to child birth. The rate per thousand total births in 1954 is 0·2

The following table shows the rate for Bradford in the period 194 1954:—

TABLE 17

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Rate	2·50	3·27	1·46	1·07	0·88	1·35	1·40	1·23	0·84	0·21	0·21

Section 2

Infectious and Other Diseases

- NOTIFIABLE DISEASES
  - SCARLET FEVER
  - MEASLES
  - WHOOPING COUGH
  - CHICKEN POX
  - GERMAN MEASLES
  - ACUTE ANTERIOR POLIOMYELITIS
  - MENINGOCOCCAL INFECTION
  - ACUTE ENCEPHALITIS
  - PUERPERAL PYREXIA
  - OPHTHALMIA NEONATORUM
  - PEMPHIGUS
  - PARATYPHOID FEVER
  - DYSENTERY
  - INFECTIVE ENTERITIS
  - FOOD POISONING
  - SALMONELLOSIS
  - PULMONARY TUBERCULOSIS
  - NON-PULMONARY TUBERCULOSIS
  - PNEUMONIA
  - INFLUENZA
  - ERYSIPELAS
- VACCINATION AND IMMUNISATION
- THE BRADFORD CHEST CLINIC
- VENEREAL DISEASES
- NEW CLAIMS FOR SICKNESS BENEFIT

TABLE 1. *Number of Notifications of Infectious Diseases*, 1934–1954.

	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Scarlet Fever	1,588	1,230	1,194	867	896	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626	872	514
Measles	2,878	2,505	3,663	1,682	4,724	742	3,760	1,734	5,328	803	551	4,449	64	4,808	1,027	3,406	3,018	3,771	3,401	2,822	887
German Measles	337	1,736	189	93	131	181	254	115	224	622	1,412	98	228	423	1,181	190	125	94	1,054	3,703	104
Chicken Pox	1,720	2,169	1,276	1,788	1,705	1,352	1,544	1,228	1,276	1,623	1,413	805	861	927	1,599	1,268	1,639	2,029	3,068	2,574	1,653
Whooping Cough	958	1,400	1,301	1,184	1,713	193	491	1,958	1,348	781	495	682	942	631	1,404	347	1,623	1,273	634	1,564	617
Poliomyelitis	—	5	1	—	—	1	2	—	2	—	4	—	3	86	8	29	52	12	13	15	8
Cerebro-Spinal Meningitis	1	10	9	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4	1	7
Enteric Fever	7	8	10	9	4	28	26	13	8	2	2	3	8	4	—	—	—	110	2	—	3
Dysentery	26	57	24	35	33	72	129	102	213	86	76	101	61	16	138	—	574	322	175	526	637
Infective Enteritis ..	11	2	7	41	22	41	5	11	13	2	2	252	98	259	212	167	445	372	253	550	1,022
Puerperal Pyrexia ..	28	40	41	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20	24	23
Ophthalmia Neonatorum	23	13	23	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9	3	9
Pemphigus	—	—	—	—	—	1	18	6	3	—	8	—	—	—	—	—	—	2	3	8	2
Erysipelas	177	147	176	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97	91	78
Pulmonary Tuberculosis..	273	232	274	253	194	237	161	167	195	182	150	165	170	168	207	276	249	230	280	305	252
Non-Pulmonary Tuberculosis	69	79	105	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53	54	31
Pneumonia	337	361	499	514	428	342	382	490	506	430	195	251	241	289	338	445	399	494	407	476	464
Diphtheria..	846	930	891	872	631	353	246	317	361	588	717	441	144	37	15	19	—	1	—	—	—

Infectious and Other Diseases

V. P. McDonagh, M.B., CH.B., D.P.H.,
Deputy Medical Officer of Health

The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, infective enteritis, malaria, measles, membraneous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 17 of the Food and Drugs Act, 1938.

The number of notifications of infectious diseases received in the period 1934–1954 are shown in Table 1.

The age distribution of cases of infectious disease is shown in Table 4 of the Appendix.

During the year the total number of notifications of notifiable diseases was less than a half of the number received in 1953, and there were no cases of the following diseases notified—diphtheria, typhoid fever, malaria, membraneous croup, relapsing fever or smallpox.

Scarlet Fever

Cases 514. Deaths 0.

During the year there were 514 cases notified compared with the 872 in 1953. The disease continued to be very mild, and it seems probable that some cases went undetected. There were no deaths.

TABLE 2 *Cases of Scarlet Fever Month by Month*

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	98	71	90	49	30	23	31	17	13	37	22	33

Measles

Cases 887 Deaths 0.

The number of cases of measles was the lowest since 1946, and there were no deaths.

TABLE 3 *Cases of Measles Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	2	2	4	1	15	24	28	30	31	159	217	374

Whooping Cough

Cases 617 Deaths 0

There were 617 cases notified compared with the 1,564 in 1953, and there were no deaths.

TABLE 4 *Cases of Whooping Cough Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	84	88	63	78	76	49	26	47	40	22	20	24

Chicken Pox

Cases 1,653 Deaths 0

There were 1,653 cases notified compared with the 2,574 in 1953.

TABLE 5 *Cases of Chicken Pox Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number cases ..	273	148	173	154	135	191	245	175	22	51	34	52

German Measles

Cases 104 Deaths 0

The number of notified cases was only 2·8 per cent of the number notified in 1953.

TABLE 6 *Cases of German Measles Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	14	8	12	7	9	4	19	12	3	4	5	7

Acute Anterior Poliomyelitis

Cases 8 Deaths 0

Again the city remained free of any heavy attack of this disease.

TABLE 7 *Cases of Poliomyelitis Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	2	1	—	—	—	—	—	—	3	1	1	—

TABLE 8 *End Results of Cases of Poliomyelitis*

		Degree of Disability			
	Number	Severe	Moderate	Mild	None
Surviving (1) Paralytic ..	7	—	1	3	3
(2) Non-paralytic ..	1				
Deaths	—				
Total ..	8				

Meningococcal Infection

Cases 7 Deaths 0

Acute Encephalitis

Cases 2 Deaths 0

Two cases of post infectious encephalitis were notified, the primary infectious diseases being chicken pox and mumps respectively. Both patients recovered.

Puerperal Pyrexia

Cases 23

There were 23 cases notified compared with the 24 in 1953.

Ophthalmia Neonatorum

Cases 9

None of these cases resulted in any permanent visual disability.

Pemphigus

Cases 2

Paratyphoid Fever

Cases 3 Deaths 0

There were three sporadic cases of paratyphoid fever, but in no case were we able to discover how the infection had been acquired.

Bacillary Dysentery

Sonne Dysentery

Cases 637 Deaths 0

There were 637 cases notified or discovered compared with the 526 in 1953.

It will be noted that the heaviest incidence of the disease again fell in the cold months of January, February and March, followed by a sharp falling off during the summer months. Efforts to control the spread of infection continued along the lines described in previous reports.

TABLE 9 *Cases of Sonne Dysentery Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	138	143	118	92	48	28	6	6	18	23	8	9

Infective Enteritis

Cases 1,022 Deaths 0

There were 1,022 cases notified compared with the 550 in 1953.

The large increase reflected to some extent the heaviest incidence o Sonne dysentery in the early part of the year. It is highly probable tha many of these cases, although not confirmed bacteriologically, were, i fact, cases of Sonne dysentery. It has been the normal practice simpl to examine one specimen of faeces from these cases, from which it wil be seen that it is quite possible that many cases of Sonne dysentery ma be missed. Nevertheless, the notification of infective enteritis is con sidered extremely useful in giving an etsimate of the amount o dysenteric disease present in an area.

Food Poisoning

Cases 45 Deaths 1

Table 10 *Summary of Details*, 1954

Food Poisoning Notifications returned to the Registrar General:—

1st Quarter	Nil
2nd Quarter	Nil
3rd Quarter	Nil
4th Quarter	45

Outbreaks due to Identified Agents

Total outbreaks—1. Total cases—45

Outbreaks due to:—

(a)	Chemical poisons	Nil
(b)	Salmonella organisms	1
(c)	Staphylococci (including toxin)	Nil
(d)	C.I. botulinum	Nil
(e)	Cl. welchii	Nil
(f)	Other bacteria	Nil

Outbreaks of Undiscovered Cause

Total outbreaks—Nil. Total cases—Nil

Single Cases

Number—Nil

An Outbreak of Food Poisoning Caused by Meat Pies

An outbreak in the 4th quarter of the year, caused by *Salmonella yphimurium*, was due to the consumption of infected meat pies.

Cases Forming Outbreak

(a)	Total cases notified by doctors	28
(b)	Total cases ascertained	17
(c)	Total cases fatal	1

Clinical Features

These in the main consisted of an early period of nausea followed by iarrhoea, which was severe for approximately 2 days and persisted for week. Only in occasional cases was vomiting present.

A feature of the outbreak was the variation in length of the incubaion period; the extremes being 2 to 8 days. Where clinical symptoms were present, the distribution of the incubation period was as follows:—

1 to 2 days	5 cases
2 to 3 ,,	5 ,,
3 to 4 ,,	6 ,,
4 to 5 ,,	2 ,,
5 to 6 ,,	3 ,,
6 to 7 ,,	3 ,,
7 to 8 ,,	1 case

N.B.—The incubation period could not be established in the remaining three cases.

The fatal case occurred in a man aged 51. Apparently he consumed two pies for lunch on Tuesday, 9th November, 1954, and vomiting and diarrhoea commenced at midnight on the Thursday and persisted until Sunday. A doctor attended on Saturday and was recalled urgently on Sunday as the patient had collapsed. His admission to hospital was arranged immediately and he died on Monday, 15th November, 1954. As there was also a history of a fall prior to admission to hospital, the Coroner was notified and a post-mortem carried out. It is understood that at the autopsy there was a large amount of inflammatory change in the ileum and colon with much sloughing. The cause of death was reported as myocarditis and acute infective enteritis.

Results of Laboratory Examination. It is of interest to note that this outbreak came to light as a result of the routine examination of faeces specimens obtained from cases notified as infective enteritis.

An abnormally high number of specimens were reported as positive for *Salmonella typhimurium* infection during the period 15th November, 1954, to the 18th, and an investigation into these cases, with special emphasis on food, was commenced forthwith. Immediately, suspicion fell on certain meat pies, and one was obtained on the 16th November, 1954, from a suburban shop for laboratory examination. *Salmonella typhimurium* was isolated from this and finally confirmed on 19th November, 1954. The central manufacturing establishment was visited, and arrangements made for faeces specimens to be obtained from al the staff. In addition, samples were taken for laboratory examinatio to cover all stages of the meat pie manufacture. These were reported on as follows:—

(a) Frozen belly pork	No pathogens isolated
(b) Raw carcase pork (home killed)	No pathogens isolated
(c) Minced meat and cereal	No pathogens isolated
(d) Flour	No pathogens isolated
(e) Rusk	No pathogens isolated
(f) Glaze (in use)	No pathogens isolated
(g) Powdered glaze	No pathogens isolated
(h) Gelatine (in use)	*Salmonella typhimurium* isolated
(i) Powdered gelatine	No pathogens isolated
(j) (i) 1 lb. Pie—top crust	No pathogens isolated
(ii) ,, ,, meat and gelatine interior	*Salmonella typhimurium* isolated
(k) (i) 6d. Pie—top crust	*Salmonella typhimurium* isolated
(ii) ,, ,, meat and gelatine interior	*Salmonella typhimurium* isolated

In the meantime production and sale of the pies was stopped, with he agreement of the proprietor, until more was known. The examination of the staff specimens indicated that two food handlers at the manufacturing premises and one shop assistant at the suburban shop were excreting *Salmonella typhimurium*. It is of interest to note that ne of the food handlers found infected was the person engaged in putting gelatine into the pies—"the jelly man." These three workers were immediately excluded from work and asked to report to their private practitioners for treatment. Of three pies examined on the 9th November, 1954, which had been baked on the 17th, two were found to contain *Salmonella typhimurium*. Fortunately, the sale of this batch of pies had been previously prohibited, and they were subsequently removed for destruction. No pathogens were isolated from the following samples:—

(*a*) Three pies submitted 19th November, manufactured on the 18th and containing gelatine which had been newly made and filled in a sterile manner. This batch of pies was, nevertheless, not sold.

(*b*) Four pies submitted 19th November, manufactured on the 18th and obtained before the addition of gelatine.

(*c*) Three pies submitted 22nd November, manufactured on the 18th and containing gelatine, were from stock destroyed.

(*d*) Three pies submitted 23rd November, manufactured on the 19th, and not containing gelatine were from stock destroyed.

(*e*) The remainder of the firm's products, including polony, brawn, pork sausage, mince pies, empire sausage, chippolata sausage, black pudding, sausage roll, hazlet, beef sausage, cornish pasty, roast pork, pork dripping and thick polony.

Second specimens from the food handling staff disclosed that one further food handler was excreting *Salmonella typhimurium*. It was found that this person was already absent from work due to influenza, and he was interviewed and prohibited from working until further notice.

Origin and Preparation of Food Causing Illness

The pies were manufactured at a local pork butcher's shop, which sold most of its own products retail, but had a small wholesale trade in addition. An average of 1,700 pies of various sizes were sold daily.

Preparation of the meat—home-killed pork and frozen belly pork— took place in the Butchery Department on the top floor, being usually refrigerated for 24 hours before use. The meat was boned and cut up weighed into 15 lb. lots and placed in metal bowls. Approximately 1 lb. cereal was added and the whole minced and placed in stainless stee tubs. After mincing the meat was taken to the bakery on the floor below, although it might again be refrigerated overnight. In the bakery it was weighed for the larger pies but not the smaller.

Pastry was prepared by hand and the pie shells formed by machine These were filled by hand and the top brush glazed before baking. Th baking temperatures were as follows:—

Large pies 350 deg. F. for 1 hour upwards, dependent on size
Small pies 500 deg. F. for ½ hour—4d.
500 deg. F. for ¾ hour—6d.

After baking the pies were taken for cooling to the gelatine room, which was alongside the butchery.

Gelatine was prepared from stock in the butchery in the following manner:—

Bones and rind, after storage in bins overnight followed by 12 hours' cold water rinse, were boiled in coppers for 4 hours. To this, powdered gelatine was added for the final 10 minutes' boiling. It was then ladled into shallow trays to cool for perhaps ½ an hour, after which it was transferred to a container from which the pies were filled under pressure. The nozzle was used for puncturing the pies and had a rubber tube connection to the container. Endeavour was made to have the pie and gelatine at the same temperature at the time of filling.

The pies were then kept in the gelatine room for cooling at atmospheric temperature for ½–2 hours, although this period might extend overnight.

New arrangements were made for adding gelatine, as objections were made to the proximity of the gelatine room to the handling of raw meat in the butchery department, and also to the cool temperature at which the gelatine was filled.

An electric boiler, situated in the bakery, was used for the preparation of gelatine. Powdered gelatine was used, and after boiling for 15 minutes was kept simmering. It was drawn off as required into a small sterile steel jug and filled at approximately 180 deg. F. into the hot pies shortly after baking. The pies were punctured by a sterile steel probe.

This was a temporary measure awaiting the renovation of a small room adjoining the bakery, which it was proposed to adapt for gelatine filling and cooling of pies only.

Estimated number of consumers at risk

Approximately 20,000.

Probable Origin of Infection

There is no doubt that the main spread of infection was due to meat pies, but, as usual, the problem was to decide how the meat pies became infected. The "jelly man," who ate many pies daily, could quite easily have been a victim of an original meat contamination, and could then, by slack hygiene in his handling of the jelly, have been the cause of the continuance of the infection and outbreak over such a prolonged period. However, he complained of no illness, nor did questioning of his previous history produce signs of any illness which might have been associated with the acquiring of a typhimurium infection. Further, the fact that it cleared up rapidly would imply that it was a recent infection and that there was no carrier state.

For some time previous to this outbreak, specimens of liver, kidney and mesenteric glands were being taken weekly from cattle, pigs and sheep at the abattoir for bacteriological examination at the Public Health Laboratory, Edmund Street, and on several occasions *Salmonella typhimurium* and *Salmonella bovis morbificans* had been isolated from the specimens.

In the beginning, no effort was made by the bacteriologist to differentiate between abattoir infections and animal infections, but in view of his findings he has now developed a satisfactory technique for differentiating. About the time of the meat pie outbreak, routine specimens from 8 pigs slaughtered at St. James's Abattoir were submitted for bacteriological examination, and *Salmonella typhimurium*, presumed to be a surface contamination only, was isolated from three of the specimens. Further investigation established that these three pigs were the property of a wholesaler who was the normal supplier of meat to the manufacturing premises concerned in this outbreak. Supplies from this wholesaler were delivered to the manufacturer as follows:—

1st November, 1954	2 Pigs
3rd November, 1954	Side of Beef
	6 Shop Pigs
	1 Strong Pig
4th November, 1954	2 Hinds of Beef
	4 Calves
5th November, 1954	6 Pigs
	1 Sow

The issue is clouded to some extent by the fact that a second wholesaler also supplied the manufacturer as follows:—

1st November, 1954	3 Pigs
	1 Sow
2nd November, 1954	1 Sow

We were assured by the manufacturer that the meat purchased was nearly always broken up and used within the next day or two, and as the main outbreak started about the 4th November, 1954, it would appear highly probable by that time that pigs from the second wholesaler had already been in circulation two or three days. The 7 purchased on the 3rd November might quite well have included the 3 pigs known to have been contaminated, and if this is so it is possible that we have here an example of contaminated pigs entering a manufacturing premises and being the possible cause of an outbreak of food poisoning. What happened from here is somewhat difficult to visualise, but it is possible that the jelly man became infected by helping to break-up and dress the meat before cooking, a task which he sometimes performed. However, it is also possible that he acquired the infection himself from one batch of pies, and then ensured the persistence of the outbreak for some days by himself contaminating the gelatine, which was prepared, stored and filled under unsatisfactory conditions.

Investigation of the infection of meat by *Salmonella* organisms is continuing at the abattoir in the hope that more explicit information may be forthcoming.

Salmonellosis

Cases 120 Deaths 0

The 120 cases of *Salmonella* infection were discovered during the routine swabbing of contacts of cases of dysentery or during the investigation of cases notified as enteritis.

Salmonella bovis morbificans was found in 7 cases, *Salmonella thompson* in 1, *Salmonella newport* in 1 and *Salmonella typhimurium* in the remainder.

All the cases were followed up, but we were unable to discover how the infection had been acquired, and in no case was any immediate association with food established.

Whilst in some cases certain articles of food were suspect, in the absence of bacteriological evidence, the cases were classed to Salmonellosis.

Pulmonary Tuberculosis

New Cases 252 Deaths (new and old cases) 42

Non-pulmonary Tuberculosis

New Cases 32 Deaths (new and old cases) 3

(Further comment on tuberculosis is given in the report of the Chest Physician later in this section.)

Pneumonia

Cases 464 Deaths 190 (all forms)

There were 12 fewer cases notified and 25 fewer deaths than in 1953.

TABLE 11 *Cases of Pneumonia Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases ..	64	77	56	37	27	22	14	13	12	31	29	82

Influenza

Deaths 27

TABLE 12 *Deaths from Influenza,* 1942–1954

Year	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Deaths	29	115	29	38	41	20	6	76	23	94	12	31	27

Erysipelas

Cases 78

The number of cases was slightly less than in 1953.

Vaccination and Immunisation

(*Section* 26, *National Health Service Act*, 1946)

Smallpox Vaccination

During the year there were 882 primary vaccinations and 554 revaccinations, compared with the 32,035 primary and 20,828 revaccinations in 1953. It will be remembered that the abnormally high number of vaccinations in 1953 was due to the outbreak of variola major in parts of Lancashire and Yorkshire in March.

The following table shows the number of vaccinations in recent years:—

Year		Primary Vaccinations	Revaccinations
1948	..	415	219
1949	..	246	104
1950	..	682	448
1951	..	1,043	761
1952	..	1,031	886
1953	..	32,035	20,828
1954	..	882	554

It will be seen that the number of vaccinations in 1954 is about the average of the years 1948–1952.

During the year, apart from vaccinations against smallpox, 30 persons who intended to go abroad were inoculated by local authority medical officers with T.A.B. vaccine, 28 with cholera vaccine, 2 with typhus vaccine and 1 with tetanus vaccine.

Diphtheria Immunisation

During the year 6,449 children under 15 years of age were immunised against diphtheria, compared with the 5,708 in 1953. Of this total, 4,821 were immunised by medical officers of the local authority and 1,628 by general practitioners.

There were no cases of diphtheria notified during the year, and it is very pleasing, therefore, to note the increase of immunisation on last year, as only by the maintenance of such a number can we be certain of preventing diphtheria from gaining a foothold in the city.

The following table shows the number of immunisations in recent years:—

Year	Number of Immunisations
1948	3,538
1949	4,947
1950	4,391
1951	4,584
1952	5,787
1953	5,708
1954	6,449

On the 31st December, 1954, it was estimated that 44 per cent of the children under 5 years of age and 88 per cent of age group 5–15 years had been immunised against diphtheria.

Whooping Cough Immunisation

Of the 1,628 children who were immunised against diphtheria by general practitioners (above), 814 received a combined diphtheria/pertussis vaccine.

In connection with the trial scheme on behalf of the Medical Research Council (referred to in the report for 1952) 2,302 children were immunised with one of the three vaccines, and so the total number of children receiving protection against whooping cough was 3,116.

Bradford Chest Clinic

D. K. Stevenson, M.B., Ch.B., M.R.C.P., *Senior Chest Physician*

In January 1954 the Bradford Chest Clinic moved into its new premises in St. Luke's Hospital. The new Chest Clinic adjoins the Out-Patient Department of St. Luke's Hospital and enjoys the full ancillary services of the Hospital.

Accommodation is provided in the Chest Clinic for the tuberculosis health visitors, where they have access to the patients' records and are able to maintain close liaison with the chest physicians. The Chest Clinic is staffed by clinic nurses employed by the Bradford "A" Hospital Management Committee. The health visitors, however, undertake clinic sessions on behalf of the Bradford Corporation in connection with contact examinations and B.C.G. vacinations. The villa which adjoins the Clinic remains the administrative offices for the Clinic and also houses the Bradford Sub-Regional Admission Bed Bureau for Sanatoria. The Chest Clinic provides ample accommodation—there are four consulting rooms grouped in two pairs, with an X-ray screening unit and a sterilising room between each room. Each consulting room has three dressing rooms with access from the main waiting hall. The main hall is large and airy and is frequently used for lectures and clinical meetings. Appointments are given to patients attending the Chest Clinic in order that the waiting time for treatment and consultation is kept to a minimum. As both types of clinic are frequently running concurrently, and also the 5 in. x 4 in. Camera Unit in the X-ray Department, which is open to practitioners, it can be appreciated that a large waiting hall is a necessity.

The Clinic has also a modern X-ray plant which is an off-shoot from the main Radiological Department of St. Luke's Hospital, and also a large treatment room. The current case papers and X-ray films are stored in the Clinic and the receptionist at the entrance is responsible for the appointment system. The welfare worker has her own room where she interviews all new patients and others who have any difficulties or social problems.

There are four chest physicians and each, on an average, undertakes six clinic sessions weekly. The chest physicians are also clinically responsible for sanatoria beds at Bierley Hall Hospital (46 beds), Leeds Road Hospital (42 beds), Middleton Sanatorium (50 beds) and the Chest Diagnostic Unit in St. Luke's Hospital (28 beds). One member of the team acts as medical director to the Leeds No. 2 "B" Mass Radiography Unit, which has its permanent base in St. Luke's Hospital, and which serves the whole of West Yorkshire, including the County Boroughs of Bradford, Halifax and Huddersfield.

During 1954 the radiological services to the Chest Clinic were extended and it was possible to offer radiological facilities at the evening clinic for patients who are working. On the 1st June, 1954, a 5 in. x 4 in. Camera Unit was installed in the Clinic, and this enables small X-ray films of the chest to be taken. This camera unit is not used for the routine clinic work; it operates two mornings each week and patients are referred direct to the unit for X-ray examination by their general practitioners. The small X-ray films are reported by the chest physicians and patients with abnormal shadows are recalled for clinical examination.

The following table enumerates the Clinic sessions held weekly:—

TABLE 1

	MORNING	AFTERNOON	EVENING
Monday . .	Contacts	Children	
Tuesday . .	—	New Patients	Workers: Consulting and Treatment
Wednesday . .	(i) Treatment (ii) Consulting	— —	— —
Thursday . .	(i) Treatment (ii) 5 x 4 Camera	Male Re-attendance	
Friday . .	(i) B.C.G. (ii) Treatment	(i) Female Re-attendance (ii) M.M.R.	
Saturday . .	5 x 4 Camera Thoracic Surgery (once monthly)		

The statistics from the Chest Clinic show a considerable increase from the previous year.

The number of total Clinic attendances was 14,803, an increase of 5,137 from 1953.

There were 3,949 new patients; an increase of 948, and 10,854 re-attendances; an increase of 4,189.

7,267 X-ray examinations were undertaken.

TABLE 2

	1955			1954
New Patients	2,715			1,734
New Contacts	1,234			1,267
Total New Patients		3,949		3,001
Clinic Re-attendances..		7,243		4,383
Refill Attendances		3,286		2,034
B.C.G. Vaccinations		246		162
Thoracic Surgical Consultations ..		79		86
Total Out Patient Attendances			14,803	9,666
X-Ray Examinations Undertaken			7,267	4249
Attendances at 5 in. x 4 in. Camera ..			1,067	—
Clinic Sessions Held			521	548

The tuberculosis return to the Minister of Health, for the year ending 31st December, 1954, is a tabulated form of the tuberculosis register at the Chest Clinic, which serves the Bradford County Borough area and also part of Pudsey Municipal Borough area. The statistics, therefore, are not wholly relevant to the County Borough of Bradford. Approximately one notified case of tuberculosis out of twenty represents the proportion of work undertaken on behalf of the Pudsey division of the West Riding.

TABLE 3

1954	New Cases			Total	New Contacts			Total	Clinic Reviews			Total	Refills		Tota	B.C.G.			Total	Thoracic		Total	Grand Total	Clinic Sessi-ons	X-ray	5 × 4
	M.	F.	C.		M.	F.	C.		M.	F.	C.		M.	F.		M.	F.	C.		M.	F.					
January . .	74	70	13	157	17	29	30	76	206	160	60	426	116	108	224	—	3	22	25	4	3	7	915	47	570	—
February. .	84	75	24	183	11	32	50	93	224	155	164	543	114	81	195	1	5	20	26	8	—	8	1048	44	834	—
March . .	79	95	12	186	27	57	73	157	256	215	169	640	158	92	250	—	—	31	31	9	3	12	1276	50	774	—
April . .	103	70	25	198	14	19	32	65	209	143	189	541	131	125	256	—	—	27	27	—	—	—	1087	46	526	—
May . .	109	85	28	222	51	58	101	210	269	257	370	896	121	96	217	—	—	28	28	9	5	14	1587	47	747	—
June . .	144	135	23	302	22	39	32	93	255	192	221	668	175	98	273	—	9	9	18	6	1	7	1361	38	532	171
July . .	133	116	14	263	21	34	61	116	266	236	210	712	150	126	276	—	1	7	8	2	3	5	1380	45	610	178
August . .	99	90	6	195	9	17	25	51	246	193	150	589	172	112	284	—	—	22	22	—	—	—	1141	41	475	124
September	143	86	18	247	14	26	41	81	259	190	150	599	186	140	326	—	—	17	17	4	4	8	1278	42	541	155
October . .	149	119	28	296	16	31	66	113	252	171	159	582	188	135	323	—	—	12	12	3	2	5	1331	43	608	186
November	117	97	41	255	6	43	46	95	207	197	186	590	180	138	318	—	2	10	12	3	3	6	1276	41	613	121
December	121	70	20	211	12	34	38	84	207	143	107	457	197	147	344	—	5	15	20	4	3	7	1123	37	437	132
Totals . .				2715				1234				7243			3286				246			79	14803	521	7267	1067

TABLE 4

		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
A. (1) Number of notified cases of tuberculosis on clinic registers on 1st January, 1954		829	540	95	52	43	47	881	583	142	1606
(2) Transfers from clinics under other H.M.C.s or B.G.s during the year		17	11	—	1	1	—	18	12	—	30
(3) Children transferred to adults during the year		2	7	—	4	3	—	6	10	—	16
(4) Cases lost sight of which returned to clinic during the year		13	6	—	—	1	—	13	7	—	20
B. Number of New Cases diagnosed as tuberculous during the year	TB —	66	44	26	8	6	11	74	50	37	161
	TB +	86	35	2	7	3	3	93	38	5	136
Totals of A and B		1013	643	123	72	57	61	1085	700	184	1969
C. Number of cases in A and B written off clinic registers during the year:	(1) Recovered	17	21	6	7	4	2	24	25	8	57
	(2) Died (all causes)	29	11	—	—	1	1	29	12	1	42
	(3) Removed to other H.M.C. or B. G. clinics	17	11	1	4	—	1	21	11	2	34
	(4) Children transferred to adults during the year	—	—	9	—	—	7	—	—	16	16
	(5) Other reasons	14	7	2	3	1	—	17	8	2	27
Totals of C		77	50	18	14	6	11	91	56	29	176
D. (1) Number of notified cases of tuberculosis on clinic registers on 31st December, 1954		936	593	105	58	51	50	994	644	155	1793
(2) Number of above known to have had positive sputum within preceding 6 months		—	—	—	—	—	—	121	45	—	166
E. (a) Number of patients first examined during the year		—	—	—	—	—	—	1585	1517	847	3949
(b) Number of those in (a) who attended as Contacts and who were:	(1) Diagnosed as tuberculous	—	—	—	—	—	—	3	2	17	22
	(2) Not tuberculous	—	—	—	—	—	—	147	301	148	596
	(3) Not determined (as at 31st Dec., 1954)	—	—	—	—	—	—	65	93	398	556
F. Number of patients on clinic registers awaiting admission to tuberculosis institution		3	1	1	—	—	—	3	1	1	5

The following table gives the tuberculous incidence in the Bradford County Borough during 1954.

TABLE 5 *Tuberculous Notifications,* 1954

	Male	Female
Bradford C.B.	159	82
West Riding Area	8	6
Total ..	167	88
Average Age	39·5 years	30·5 years
% with infectious secretion ..	55·7	43·2

Tuberculous Incidence of Indians and European Workers

Bradford C.B.	159		82	
British	128	80·5%	78	95·1%
Europeans	19	19·5%	4	4·9%
Indians	12		0	

The high incidence of infectious tuberculous disease in men seems t be due to a more chronic and advanced type of tuberculous diseas which is now most common in the age group 40 to 50.

The lower incidence in females is probably due to the high incidenc of tuberculous pleural effusions in the female between the ages of 15–2 and it is a probable result of a late primary infection with tuberculosi

An interesting observation in regard to tuberculous infections males is that one fifth of these infections is due to tuberculous diseas in European Voluntary Workers and Indians living in the city. Withou actual statistics of the numbers of Europeans and Indians residing Bradford it is not possible at this stage to give a tuberculous incidenc of these two communities. Nevertheless, the tuberculous incidenc must be very much higher than in the British population.

A summary of the occupations of patients suffering from tuberculos is tabulated below:—

TABLE 6 *Occupations of Patients*

MALES

	Number	Percentage
Textiles . .	41	25·7
Engineering . .	32	20·1
Miscellaneous . .	27	17·9
Labourers . .	23	14·4
Clerical Workers	21	13·2
Lorry Drivers . .	6	3·7
H.M. Forces . .	6	3·7
Catering. . . .	2	1·2
Hospital Staff . .	1	0·6
Total . .	159	

FEMALES

	Number	Percentage
Housewives . .	25	30·5
Textiles. . . .	19	23·2
Miscellaneous . .	18	22·2
Clerical Workers	13	15·9
Hospital Staff . .	7	8·6
Total . .	82	

The following table summarizes the findings of the first six months' operation of the 5 in. x 4 in. Camera Unit, which is now available two mornings of each week direct to the general practitioners of the area:—

TABLE 7 *Summary of Findings at Camera Unit between* 4/6/54 *and* 31/12/54

	Men	Women	Children	Totals
Number of patients attending 5 in. x 4 in. Camera	553	488	8	1,049
Number of patients discovered to have tuberculosis	13	4	0	17
Number of patients under observation and treatment	38	19	–	57
Number of patients discharged as normal . .	502	465	8	975

Tuberculosis Rate per 1,000 *Patients*

5 in. x 4 in. Camera (G.P. Nominees) . .	16·2	per	1,000	examinations
M.M.R. (National Average)	3·0	,,	,,	,,
M.M.R. Bradford 2B Unit yearly figure . .	2·37	,,	,,	,,
M.M.R. Bradford C.B. survey	1·9	,,	,,	,,
Contacts (adults and children)	17·8	,,	,,	contacts

It will be obvious from the aforementioned tables that the camera unit discovers almost five times more cases of tuberculosis than mass adiography taking three per thousand as a national average. In the ase of Bradford the camera unit discovered more than eight times as many cases of tuberculosis as the mass radiography in its last survey.

It must be appreciated, however, that all examinations at the camera unit were general practitioner nominees. The high incidence of tuberculous finding, however, from a static X-ray unit available to practitioners seems to indicate that the mass radiography units could be more profitably used as static units, rather than conducting extensive tours throughout the county. A pre-arranged annual circuit of all popular centres which do not have adequate general practitioner radiological facilities would seem to be the most suitable source of tuberculous tracing by mass radiography units.

The following table summarizes the tuberculous deaths in Bradford County Borough during the year 1954:—

TABLE 8 *Tuberculous Death in Bradford C.B. during* 1954

	Men	Women	Children	Totals
Notified cases of the tuberculous register ..	28	11	1	40
Cases not notified until after death	9	3	0	12
Totals ..	37	14	1	52

(in the tuberculosis return to the Ministry of Health there were 42 deaths recorded—a further 2 deaths from tuberculosis occurred in the Pudsey Division of the West Riding).

Nine males were notified after death: tuberculosis was the prime cause in five and a secondary cause in four. The average age of these patients was 70 years. The corresponding figures for women were three deaths with tuberculous disease the prime factor in one; the average age of the females was 71. The contacts of the death notifications were encouraged to attend for examination.

The following table summarizes the work undertaken during the year 1954 in regard to preventive measures:—

TABLE 9 *Contact Examinations*

Total number of contacts examined from all sources	1,234
Number discovered to have tuberculous disease	22
Tuberculous Rate per 1,000 contacts	17·8
Total number of family contacts to index cases in 1954	767
Total number of above family contacts who were examined ..	649
Per cent of family contacts attending for examination and X-ray	84·5
B.C.G. vaccinations undertaken for Bradford County Borough during 1954	246

The tuberculous rate of 17·8 per 1,000 contacts indicates that contact tracing remains one of the most vital preventive measures in the control of tuberculous disease. It is not possible to undertake this work by the mass radiography as the greater percentage of family contacts are children, and the figure of 17·8 per 1,000 contacts includes children discovered to be suffering from tuberculous disease.

The fact that the health visitors were able to arrange for 84·5 per cent of all family and household contacts of all index cases of tuberculosis occurring in the city during 1954, to attend for examination and X-ray of chest, confirms that the policy of employing full-time tuberculosis health visitors is a profitable one. Health visitors give invaluable service to the tuberculous patients and carry the principles of prevention and treatment which are given at the Chest Clinic to the patients' homes.

Venereal Diseases

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:—

During the year the Special Treatment Centre at St. Luke's Hospital was improved by extending the partitions between the waiting rooms and consulting rooms to the ceiling. Patients can now give a history and discuss their symptoms with the Medical Officer in privacy.

The Medical Officer is in attendance during the following hours:—

	Men		Women and Children
Monday ..	10 a.m. to 12 noon	Monday ..	5 p.m. to 7 p.m.
Wednesday ..	10 a.m. to 12 noon 5 p.m. to 7 p.m.	Wednesday ..	10 a.m. to 12 noon 5 p.m. to 7 p.m.
Thursday ..	5 p.m. to 7 p.m.	Thursday ..	10 a.m. to 12 noon
Friday	10 a.m. to 12 noon	Friday.. ..	10 a.m. to 12 noon 2 p.m. to 4 p.m.

In addition the centre is open daily for intermediate treatment.

Compared with the previous year there was a slight increase in the number of new registrations during 1954. Since the end of the second world war there has been a steady fall each year in the number of new cases of early (infectious) acquired syphilis, and in 1953 the record low level of only 9 cases was attained. During 1954 this number increased to 16, but reports from other parts of the county indicate that this probably is a temporary fluctuation in the general downward trend of early syphilis.

More cases of late (non-infectious) acquired and late congenital syphilis were also diagnosed.

It is gratifying to record that for the second year there were no cases of congenital syphilis in children under one year of age.

There was an increase in the number of new cases of gonorrhoea in males from 87 to 114. A corresponding increase in female cases was not found in spite of the thorough and painstaking work of the social workers in arranging the examination of as many contacts as possible.

The number of other conditions diagnosed continued at the high level of 583 cases, including 126 cases of non-gonococcal urethritis and 152 other conditions requiring treatment.

Table 1 *Number of New Registrations and Attendances at Clinic* 1932–1954

	Venereal Diseases		Other Conditions		Total Attendances	
Year	Male	Female	Male	Female	Male	Female
1932	336	111	146	68	16,720	4,243
1933	460	146	149	84	21,991	4,921
1934	386	96	188	78	19,811	5,471
1935	438	157	177	73	21,461	6,620
1936	277	131	140	63	15,714	5,237
1937	366	105	151	72	19,429	6,520
1938	363	134	197	88	15,622	5,869
1939	333	129	200	69	10,408	3,906
1940	278	100	143	69	7,687	4,916
1941	423	111	148	113	7,376	4,050
1942	304	156	140	91	6,639	5,266
1943	352	193	216	190	7,525	6,171
1944	292	221	223	221	7,530	6,797
1945	343	310	259	238	10,064	10,472
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957
1954	182	104	458	135	6,986	4,043

TABLE 2 *Analysis of the Cases admitted and discharged during the year* 1954

(a) ADMISSIONS

	Males	Females	Total
1. Number of cases under treatment or observation on 1st January, 1954:-			
Suffering from syphilis	128	166	294
Suffering from gonorrhoea	22	16	38
Suffering from other conditions	78	48	126
Totals	228	230	458
2. Number of cases defaulting during previous years who returned in 1954:—			
Suffering from syphilis	13	11	24
Suffering from gonorrhoea	9	2	11
Suffering from other conditions	—	—	—
Totals	22	13	35
3. Number of new cases dealt with for the first time during 1954, suffering from:-			
Early (infectious) acquired syphilis	9	7	16
Late (non-infectious) acquired syphilis	21	31	52
Congenital syphilis	7	11	18
Gonorrhoea	114	34	148
Other conditions	449	134	583
Totals	600	217	817
4. Number of cases transferred from other treatment centres, suffering from:-			
Syphilis	7	7	14
Gonorrhoea	2	1	3
Other conditions	9	1	10
Totals	18	9	27
Total of items 1, 2, 3 and 4	868	469	1,337

(b) DISCHARGES

	Males	Females	Total
5. Number of cases discharged after completion of treatment and surveillance, suffering from:-			
Syphilis	20	13	33
Gonorrhoea	83	30	113
Other conditions	419	114	533
Totals	522	157	679
6. Number of cases defaulting before completion of treatment or surveillance, suffering from:—			
Syphilis	16	13	29
Gonorrhoea	23	7	30
Totals	39	20	59

	Male	Females	Total
7. Number of cases under treatment or surveillance known to have died during 1954	4	4	8

8. Number of cases transferred to other treatment centres, suffering from:-			
Syphilis	5	4	9
Gonorrhoea	7	2	9
Other conditions	4	2	6
Totals	16	8	24

9. Number of cases remaining under treatment or surveillance on 31st December, 1954, suffering from:-			
Syphilis	140	199	339
Gonorrhoea	34	14	48
Other conditions	113	67	180
Totals	287	280	567
Totals of items 5, 6, 7, 8 and 9	868	469	1,337

TABLE 3 *Number of Attendances distributed according to disease*

	Attendances		
	Male	Female	Total
Patients suffering from Syphilis	3502	3252	6754
Gonorrhoea	816	181	997
Other conditions ..	2668	610	3278
Totals	6986	4043	11029

TABLE 4 *Geographical distribution of new cases seen during the year*

Area	Syphilis	Gonorrhoea	Other Conditions
Bradford	69	135	456
Halifax	—	1	6
Huddersfield	—	—	3
Leeds	2	—	9
West Riding County Council..	15	12	109

TABLE 5 *Pathological Examinations,* 1954

	Treatment Centre	Public Health Laboratory
Microscopical examinations for syphilis	105	—
Microscopical examinations for gonorrhoea	1059	—
Cultural examinations for gonorrhoea	—	774
Blood tests for syphilis	—	2607
Blood tests for gonorrhoea	—	469
Cerebro-spinal fluid examinations	—	127
Others	454	86

New Claims for Sickness Benefit

Although the weather during 1954 was exceptionally bad, absenteeism from work and from school followed much the same pattern as for the average year except during late November and the whole of December, when a mild form of influenza was epidemic. New claims for sickness benefit during this period amounted to 30 per cent more than the average for the previous four years. The epidemic in its early stages affected children for the most part, although latterly many adults were victims.

The number of new claims for benefit is a useful pointer to the general state of the public health in the city, and is fairly consistent in pattern. By the first week of February in any year the weekly total of new claims has usually risen to 1,500. This number falls off gradually until the lowest point (about 500 new claims weekly) is reached in the first week of August. Thence the number rises sharply until the beginning of October, when it is steady at 900 until mid-December. At this time a very sharp drop is seen, and at Christmas the figure is only a little higher than that of August.

The following table shows the number of new claims for sickness benefit made in Bradford during 1953 and 1954.

		Number of Claims	
Month	Week	1953	1954
January	1	1463	1365
	2	1178	1354
	3	1008	1287
	4	1053	1068
	5	1310	1067
February	6	1312	1248
	7	1658	1461
	8	1613	1329
	9	1326	1208
March	10	1197	1272
	11	1146	1213
	12	1107	1119
	13	991	1031
April	14	532	976
	15	943	802
	16	983	497
	17	871	787
	18	861	784
May	19	802	769
	20	843	782
	21	663	719
	22	584	729
June	23	717	464
	24	704	663
	25	697	715
	26	727	663
July	27	707	622
	28	681	576
	29	632	577
	30	609	579
	31	458	394
August	32	470	377
	33	545	498
	34	650	627
	35	631	667
September	36	717	678
	37	752	680
	38	871	752
	39	865	807
	40	1004	784
October	41	946	829
	42	926	892
	43	982	791
	44	989	755
November	45	979	756
	46	969	923
	47	911	943
	48	904	1010
December	49	918	1160
	50	801	1172
	51	741	1163
	52	531	705

Section 3

Care of Mothers and Young Children

MOTHERS AND CHILDREN UNDER SCHOOL AGE

EXPECTANT AND NURSING MOTHERS

CHILD WELFARE CLINICS

DAY NURSERIES

NURSERIES AND CHILD MINDERS REGULATIONS ACT

THE UNMARRIED MOTHER

MUNICIPAL MIDWIFERY SERVICE

MIDWIFERY TRAINING SCHOOL

HEALTH VISITORS' TRAINING COURSE

HEALTH VISITING

DENTAL CLINIC

Section 3

Care of Mothers and Young Children

(*Section* 22, *National Health Service Act*, 1946)

K. Horne, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer of Health for Maternity and Child Welfare

The Department suffered a great loss in September by the retirement of Dr. Helen Gall, who had worked for the Health Committee for 38 years, the greater part of which time she was Senior Medical Officer in charge of the Department. Throughout all these years Dr. Gall worked for the betterment of the health and social conditions of mothers and children in the city.

Dr. Gall built up the Health Visiting Service and established the Midwifery Service on the passing of the 1936 Act. She was instrumental in opening and organising the various day nurseries and the Mother and Baby Home. She gave a great deal of her spare time to the Mother and Baby Home, the success of which was largely due to her personal interest. Her name has always been associated with all the best advancements in Maternity and Child Welfare not only in Bradford but throughout the country. In 1916, when Dr. Gall first took office, the infantile mortality rate in certain wards of the city was as high as 200 and she has been largely instrumental in reducing this terrific death roll to the present much reduced rate. She was held in high esteem by all the members of her own staff and by members of other departments with whom she came into contact.

Mr. Shoesmith, who has been a dental officer for Maternity and Child Welfare for 30 years, retired in May. Thousands of mothers and children have received dental care from him. His sympathetic approach and kindliness made him ideally suited for this type of work. He is missed alike by colleagues and mothers and children.

Mothers and Children Under School Age

During the year one new branch clinic has been opened in the Allerton area bringing the total to 21. An extra child welfare session is being held each week at the Idle and Ravenscliffe centres to cover the Thorpe Edge Estate until permanent Maternity and Child Welfare premises are provided.

The number of day nurseries is the same as last year. The premises at Greaves Street have been enlarged to accommodate 20 extra children. The extension was opened by the Chairman, Alderman Kathleen Chambers, in July. Many local authorities have closed their day nurseries recently. This closure in industrial areas is bound to increase the number of child minders who are often unsatisfactory and difficult to supervise.

The staffing of the Midwifery Service has been more satisfactory, full establishment having been reached towards the end of the year. The special premature baby midwife has been fully employed since 1st September, enabling more babies to be nursed at home and thereby reducing the number requiring hospital accommodation. The number of health visitors on the staff is one more than at the corresponding time in 1953. The number of health visitors who entered the service from the Training School and left after completing their contract is disappointingly high.

Expectant and Nursing Mothers

Ante-Natal Supervision

During the year the domiciliary midwives booked 2,579 cases and o these 2,168 had booked general practitioner obstetricians for their confinements. This is a much higher proportion of booked doctor's cases than in the previous year. There is an increase in the number o ante-natal clinics being held in local authority premises. There are now nine centres where the work is being carried out by doctors and midwives or midwives alone:

The Central Clinic, Wilton Street
Bierley Health Centre
Usher Street Health Centre
Mandale Road Child Welfare Centre
Odsal Health Centre
Saint Street Health Centre
Lapage Street Child Welfare Centre
The Park, Eccleshill
Girlington Methodist Chapel

There are 30 "doctor" sessions and 56 "midwife" sessions held monthly.

938 new patients with a total attendance of 3,051 attended doctors' sessions.
2,139 new patients with a total attendance of 11,185 attended midwives' sessions.

One session is held weekly at the central ante-natal clinic for blood examinations, and 2,864 examinations were made.

Post-Natal Clinics

There are four post-natal clinic sessions monthly at the Central Clinic, Wilton Street, at which 235 patients made 606 attendances.

88 patients made 88 attendances at Bierley Ante-Natal Clinic.
47 patients made 47 attendances at Usher St. Ante-Natal Clinic.

Relaxation Classes

The number of relaxation classes held for ante-natal and post-natal patients has increased from four at the beginning of the year to nine weekly sessions. These are conducted by the senior physiotherapist and her assistants.

289 new cases have made 1,336 attendances at the classes for ante-natal patients.
41 mothers have made 73 attendances at the post-natal classes.

Mother-craft talks have been given by the student health visitors n conjunction with the relaxation classes. These have been very popular with the mothers and an extension of them is hoped for in the uture.

Child Welfare Clinics

The total number of children brought to clinics during the year was 7,154. The total number of attendances made by these children was 58,031.

The number of children under one year old who attended for the first time was 3,203, representing 68 per cent of the total live births. There is still an unsatisfactory attendance of children between 1–5 years old; the number being 4,377. When it is considered that the number of children in the city in this age group is 17,760 it will be perceived that there is a lack of appreciation of the value of periodic routine examinations for the ascertainment of minor disabilities and probably also a failure to demand for children a standard of positive health. We hope that healthy education in the future will stimulate parents to avail themselves of the facilities which are offered them in this direction.

The increased population in the Idle area is reflected in the increased attendance at the Idle child welfare clinic. The number of children under one year on the Thorpe Edge Estate is 185; of these 129 attended the two available clinics in the district. It is hoped that a greater number will avail themselves of child welfare facilities when permanent premises are available on the Thorpe Edge Estate.

On the Buttershaw Estate the number of children under one year is 304 and of these 184 attended child welfare clinics. This represents a 60 per cent attendance as against 68 per cent for the whole of the city. The premises available in this area are the best procurable but fall far short of the necessary requirements and the proposed centre on this Estate is urgently needed.

Child Welfare Clinics in Bradford

Clinic	Days of Attendance	Time of Attendance	Attendances during year
Central, Edmund Street	Daily	Morning and Afternoon	13,448
Southend Hall	Thursday	Afternoon	780
Otley Road	Wednesday	Morning and Afternoon	3,667
Brownroyd	Tuesday	Morning and Afternoon	3,912

Child Welfare Clinics in Bradford

Clinic	Days of Attendance	Time of Attendance	Attendance during year
Saint Street	Monday, Tuesday and Friday	Monday a.m., Tuesday and Friday p.m.	4,402
Usher Street	Wednesday	Afternoon	2,514
Clayton	Alternate Wednesdays	Afternoon	1,116
Odsal	Tuesday, Wednesday and Thursday	Afternoon	3,037
Green Lane	Monday and Thursday	Afternoon	3,952
Lapage Street	Monday and Thursday	Afternoon	3,671
Idle	Tuesday	Morning and Afternoon	2,500
Bierley	Thursday	Afternoon	2,068
Muff Field	Friday	Morning	2,509
Esholt	Wednesday (monthly)	Afternoon	208
Ravenscliffe (The Park)	Friday	Morning and Afternoon	2,836
Daisy Hill	Alternate Mondays	Morning	1,071
Lidget Green	Alternate Thursdays	Morning	972
Thornton	Alternate Fridays	Afternoon	1,067
Buttershaw (Mandale Road)	Monday and Tuesday	Afternoon	2,281
Wyke	Alternate Fridays	Afternoon	804
Allerton*	Alternate Fridays	Afternoon	219
Nursing Mothers' Ward	Monday, Tuesday, Wednesday and Friday	Morning and Afternoon	997

*Allerton Clinic commenced on 23rd September, 1954

Vaccination and Immunisation

Vaccinations and immunisations against diphtheria and whooping cough are performed at all the child welfare centres. The number of vaccinations during the year was 423. The number of completed immunisations against diphtheria was 1,160 and 109 stimulation doses were given prior to children going to school. The number of immunisaions against whooping cough was 2,056.

Day Nurseries

The number of places in the day nurseries has increased to 510 owing o the extension to Greaves St. Day Nursery. The average daily atten-ance at the day nurseries has also increased; the figure this year being 47·5. There were several outbreaks of sonne dysentery at the day urseries in February and March. Apart from this the incidence of cute infection has been low.

Nursery Nurses Training Course

Twenty student nursery nurses took one year of their practical training in our day nurseries.

Of the 13 students who gained their certificates in June, 2 were appointed to the nursery staff.

Nurseries and Child Minders Regulation Act

There were three industrial nurseries registered under the above Act at the end of the year and six private individuals; an increase of one during the year.

The Unmarried Mother

Thirty cases were admitted to Oakwell House. The average stay before birth was 4–5 weeks and the average stay of mother and baby was between 9–10 weeks. Six of these cases were accepted from and paid for by other authorities. Seven Bradford cases were admitted to St. Margaret's Home in Leeds and nine Bradford cases were admitted to St. Monica's Home, Bradford.

Illegitimate Births

The number of illegitimate births in 1954 was 296 live births and 14 still births.

The still birth rate is, as usual, high, due to the special circumstances and the delay in seeking advice and ante-natal care.

These children are the special care of the health visitors and are given priority for day nursery accommodation.

Municipal Midwifery Service

The number of domiciliary births was 2,158 which is a slight increase as would be expected from the rise in the birth rate.

It is regrettable that at the end of the 14th day 113 babies were either partially or totally on artificial feeds.

27 midwives were fully employed throughout the year.
12 midwives were employed for 62 months—32 midwives.
The number of deliveries consisted of { 2,140 live births (168 with a doctor)
18 still births (5 with a doctor)

This was an average of 67 births each.

A further 421 cases were booked originally for domiciliary confinement, of these:

132 were transferred to hospital in the ante-natal period.
127 were transferred to hospital as emergencies in labour.

241 cases were discharged from hospital before the end of the puerperium to the care of the domiciliary midwives.

Attendance on 2,579 cases booked during the year entailed 12,428 ante-natal visits to the patients' homes and 13,697 ante-natal examinations and 37,918 post-natal visits. The above figures average 29·6 attendances by the midwife for each case delivered at home.

Gas and Air was administered on 1,894 occasions.

Pethidine was administered on 1,602 occasions.

Premature Births

Notification of prematurity was received in respect of:

	Live Births		Still Births
Hospital Cases	229	Hospital Cases	63
Domiciliary Cases	87	Domiciliary Cases	5
Nursing Home Cases ..	7	Nursing Home Cases ..	—
	323		68

Of the nursing home cases 2 died within 24 hours.
The rest were alive at the end of the first month.
Of the hospital cases 17 died within 24 hours.
    A further 12 died before the end of the first month.
Of the domiciliary cases 13 were transferred to hospital.
    5 died within 24 hours.
    The rest were alive at the end of the first month.
74 premature infants were nursed entirely at home.
1 died within 24 hours.
1 other died before the end of the first month.

The premature baby midwife started work on the 1st September. he attended 14 premature babies and their mothers up to the end of ne year. This has entailed 122 post-natal visits to the mothers and 25 visits to the babies. The average number of visits to each baby as 23·2. Each visit takes a considerable time as the baby has to be d, oiled or bathed, and in some cases oxygen administered. In addition e mother has to be instructed in the care of the baby and supervised hen she starts to feed and handle the baby herself.

The weight of these babies was from 3lbs. 13¾ozs.—5lbs. 4ozs. at birth.

All these babies thrived well and were all gaining weight satisfactorily when the midwife ceased attending. The cases were then passed over to the supervision of the health visitor.

Midwifery Training School

There has been an increase in the number of pupils at the Midwifery Training School. During 1954:

7 pupils were in training on 1st January.
13 pupils were in training on 31st December.
11 pupils completed their training.
9 pupils gained their certificate.

One pupil left to be married.

Health Visitors' Training Course

There was an increase in the number of students accepted for the course in October, 1954. There are six from Bradford and three from a neighbouring authority. These students will be sitting their examination in July, 1955, and when qualified will help to fill the gaps in the health visiting service.

Health Visiting

(*Section* 24, *National Health Service Act*, 1946)

F. H. WALKER, S.R.N., S.C.M., H.V.CERT.
Superintendent Health Visitor and School Nurse

At the beginning of 1954 there were 29 health visitors on the staff and at the end of the year 30 health visitors and one part-time tuberculosis visitor. Eight health visitors resigned during the year and 10 were appointed, including two from our own training scheme after qualification, as well as a health visitor for geriatric work.

Having decided on a policy of specialist health visitors for tuberculosis work, infectious diseases and geriatrics, only 23 health visitors remained in the general field. This number is very much below that envisaged. While relieving the health visitor of tuberculosis after-care and some geriatric follow-up visits, she still has a large population to cover for general purposes. The Ministry of Health circular 27/54 urges the wider use of health visitors in order to prevent the break-up of families and the consequent effect on the mental health of the child which often follows the break-up of the family. To quote the circular "in order that the health visitor may use her influence at the most propitious time it is essential that she should receive information from other health or welfare workers of any signs of family difficulty or deterioration". Although a certain amount of selective visiting is being done, the health visitor should not spend all her time on known problem families or she may miss the incipient ones. The mention in this circular of specially selected home helps to work with the mother to teach her house-craft, is a very practical suggestion and the health visitor would greatly appreciate their assistance in her re-education of problem families as well as in their prevention. It is disappointing to have to report that although we have over 50 public health nurses on the staff, only 31 are qualified health visitors and only 23 of these are doing generalised health visiting. During the year three more health visitors took over some school work in their area, making a total of seven staff doing fully combined work. The National Health Service Act made it clear that the fieldwork of the health visitor was to cover the care of the family as a whole. This is not achieved unless the health visitor also has the care of school children. To cease to visit a family when the child becomes 5 years of age and to have no further knowledge of it when that child is in school is a deplorable waste of a friendly relationship with a family, built up over many years.

Much has been said about co-operation with the family doctor. Hitherto the health visitor has largely worked with doctors working in the child welfare centres, but the aim is that she should work in much closer contact with the family doctor so that he can readily call her in when he finds a family needing advice or a social service which she can give, or arrange. Every effort is being made to achieve this co-operation. The Medical Officer of Health has convened several meetings during the year between representatives of the British Medical Association and local authority officers to discuss methods. It is mainly left to the health visitor however, to introduce herself to the medical practitioners on her district and point out to them the ways in which she can assist them to the benefit of their patients.

Further to my 1953 report on visits to old people, a health visitor was appointed on 1st October, 1954, to work with the geriatric unit at St. Luke's Hospital. She shares an office with the geriatric almoner of the unit and attends the Geriatrician's Out-patient clinic. Her aim is to try to ensure that the rehabilitation of elderly patients in hospital is maintained when they go home. Many old people could continue to live happily in their own homes in reasonably good health and comfort for a longer period, if they could be sure of the continued services of a home help. Sometimes as little as one ½ day's help per week can keep these elderly people from becoming neglected and at the same time save valuable hospital beds.

Merely giving lists of figures relating to types of visits paid does not really give a picture of the health visitor's work. Perhaps it would be opportune to mention here the duties which may come within her scope as envisaged by the National Service Act. It is often very evident that the general public and quite frequently the general practitioners are not fully conversant with her qualifications and duties, particularly of the fact that she has to be a State Registered Nurse and have had Midwifery training before she can take the Health Visitors training, which covers a very wide field of study. The range of services on which health visitors are engaged or it has been suggested they might be engaged is as follows:

Maternity and Child Welfare
School Nursing
Health Education
Tuberculosis Services
Venereal Disease Services
Infectious Diseases

Care and After-care of Acute and Chronic Illnesses
Prevention of Mental Illness
Health and Welfare of the Aged and Handicapped
Co-operation with General Practitioners
Co-operation with Hospitals
Co-ordination of Family Welfare Services

The health visitor is fitted by her training for the duties she should carry out. She has an intimate understanding of the care and the needs of a sick person; she has a knowledge of obstetrics which enables her to appreciate the needs of the expectant mother and of the mother during the post-natal period. Her further training has given her a specialist knowledge and understanding of child care and normal development, behaviour difficulties and family adjustment. She has had special training to fit her for the work of health education in the home, at school and to the general public.

From this is it shown that the duties of the health visitor can cover a very wide field. The Local Authority has the power to use her services to the best advantage both in allowing her initiative, to develop her specialized knowledge, yet not allowing her to dissipate her energies in too wide a field.

Bradford health visitors are honoured by the presence of Alderman Kathleen Chambers on the National Working Party set up by the Ministry of Health to consider the proper field of work, recruitment and training of health visitors in the National Health Service and School Service. The findings of this working party are awaited with great interest by all health visitors.

The health visitors made 78,480 visits during the year. Details of these visits with comparable figures for 1953, are as follows:

Summary of Visits

	1953			1954		
	Primary	Sub-sequent	Total	Primary	Sub-sequent	Total
Infants	4,633	16,821	21,454	4,571	17,278	21,849
Children 1–2 years	—	—	8,410	—	—	13,898
Children 2–5 years	—	—	32,811	—	—	25,604
Expectant mothers	781	449	1,230	806	423	1,229
Tuberculosis ..	327	4,460	4,687	306	4,541	4,847

Details of Visits

Type	1953	1954
Gastro-enteritis	2,708	3,622
Whooping Cough	1,895	3,282
Measles	1,442	502
Stillbirths	70	91
Infant deaths	90	67
Foster children	1	—
Adoptions	30	—
After-care	381	317
Old people	288	844
Special visits	955	1,941
Attendances at clinics	2,450	2,693
Total cases visited	76,559	78,480
Total houses visited	61,295	61,106
Tuberculous households	2,976	4,624

Dental Clinic—Edmund Street

F. G. PARKER, B.CH.D., L.D.S.,

Dental Officer for Maternity and Child Welfare

During 1954 work has continued in the diagnosis and treatment of dental caries and paradontal conditions.

As in previous years the services of the Maternity and Child Welfare Clinic have been available to expectant and nursing mothers, pre-school children, day nursery children and cases from the Occupational Centre. Grassington Sanatorium has now been taken over by the Regional Hospital Board and in consequence dental treatment is carried out by their own staff.

On one half day per week the dental officer is in attendance at Edmund Street ante-natal clinic where mirror and probe examination of the mouth is carried out. Expectant and nursing mothers are also referred from the Edmund Street and St. Luke's Clinics. In all cases an effort is made to ensure complete oral fitness, and towards this end, extractions, scalings and fillings are carried out and oral hygiene instruction is given. In the removal of gross oral sepsis the teeth are extracted with either a local or general anaesthetic and masticatory efficiency, as well as an aesthetic appearance, is accomplished by the provision of full or partial dentures.

The majority of pre-school children attending do so because of tooth ache, which is speedily dispensed under a general anaesthetic (nitrous oxide). In some suitable cases fillings are also undertaken.

Day Nurseries have been regularly visited and the children inspected. Cases requiring treatment have been seen at the clinic.

Cases from the Occupational Centre are dealt with. These are usually referred after a visit from the doctor to the Centre.

Close liaison with the Chief School Dental Officer has been maintained and a school dental officer has attended organised anaesthetic sessions on two days each week. An Orthodontic Clinic has also been jointly operated with the School Dental Service.

A detailed list of work completed during the year will be found in the Appendix.

Section 4

Children Neglected or Ill-Treated in their own Homes

Section 4

Children Neglected or Ill-treated in their Own Homes

V. P. McDonagh, m.b., ch.b., d.p.h., *Deputy Medical Officer of Health*

The Neglected Children Case Sub-Committee continued to meet monthly during the year. It is pleasing to record that the attendance at these meetings has been excellent, and that there has been a wonderful spirit of co-operation and desire to help among all members. The same organisations were represented as last year.

During the year 30 new cases were discussed, which made a total of 119 since the inauguration of the Committee. When it is realised that the majority of these were chronic problem families living in great squalor under poor housing conditions, the value of the work will be readily realised. The number of children in the 30 families was 109. At the meetings progress reports and up-to-date reports on families were received, and there was much activity in tracing families which had been "lost" by various members of the Committee. It was rarely that one or other member had not some useful knowledge to impart to another member who might be especially concerned with a family.

The arrangement of appointing a panel to investigate families with special difficulties was continued, and in the light of results was considered to be an excellent method of approach. In nearly all these cases, the responsibility for supervision was passed to one worker, who became responsible to the Committee for all matters appertaining to that family. Neverthelcss, occasional overlapping occurred, as some families required not only care from the health visitor who may not be supervising, but also statutory supervision from either the N.S.P.C.C. officers or probation officers. As far as possible, where there was an officer with a statutory obligation especially concerned with a family we tried to persuade that officer to take on this extra responsibility Of the 30 families discussed during the year, 14 lived in Corporatio houses, one in property requisitioned by the Corporation, and 15 i houses owned by private landlords.

In the 120 families so far discussed there were 170 children under and 325 over 5. Of the children over 5, 301 attended ordinary schools 24 attended a special school for educationally sub-normal children, an 5 were ineducable. Without going into detailed calculations it is paten that this is a high proportion of children whose mentality is known t be below average.

The N.S.P.C.C. inspectors have been kind enough to provide th following figures of court cases dealt with by them during the year:—

Six cases were brought before the court of summary jurisdictio under Section 1 of the Children and Young Persons Act, 1933.

Sixteen cases were dealt with in the juvenile court, and in all 4 children were committed to the care of the local authority.

It is obviously difficult to draw conclusions from the variation these figures from the previous year. However, it is worth while notin that less legal action was required in the case of wilful neglect.

The Children's Officer has also kindly provided the following figure of children taken into care during the year:—

1. Children committed by "fit person orders" owing to non-attendance at school, arising out of unsatisfactory home conditions and a parent or parents who were thought to be neglectful .. ..
2. Children committed by "fit person orders" owing to the parent or parents failing to provide proper care 2

3.	Children committed by "fit person orders" who have been found guilty of an offence and whose home conditions were unsatisfactory and whose parents were thought to be neglectful	11
4.	Children committed by "fit person orders" whose parents have been convicted of wilful neglect	6
5.	Children committed by "fit person orders" as being beyond control, exposed to moral danger, and whose home conditions were unsatisfactory and whose parents were thought to be neglectful	2
6.	Children committed by "fit person orders" owing to the family being temporarily accommodated as a unit under Part III Accommodation and the parent failing, over a period of time, to make provision	19
	Total	69

In last year's report a short reference was made to the difficulty of obtaining prior information of possible evictions, and we are pleased to record that through the co-operation of the City Treasurer we have been supplied, well in advance, with this information as far as tenants of Corporation property are concerned. We have been unable to come to a similar arrangement with the Registrar of the County Court in regard to applications for possession from private landlords. However, here also, we hope that in the future we may obtain this information sufficiently early for at least an effort to be made by experienced workers to secure the payment of the rent and some arrears in order to prevent eviction. Our experience through the year has again emphasized, if such emphasis were necessary, the appalling troubles and miseries which often follow on such evictions. True, in many cases the families can go to friends and relatives, but often this is only temporary and soon they are seeking other rooms because of the discord and quarrels which arise as the result of several different families living together in overcrowded conditions. One has only to have a short experience of women working over the same gas stove in rooms to realise how difficult and troublesome this can be.

On occasion, during the year, concern has been expressed by representatives of voluntary organisations at the lack of local authority appreciation of the fact that family welfare is one problem which cannot easily be separated to suit departmental divisions of function. There has also been expressed the feeling that each local authority department is only interested so far as its own special obligations are concerned, and that there is little interest in the family as a whole. Incidents have arisen where a family is threatened by eviction by one committee for a debt of, say, £6 to £12, with the knowledge that, as a result of this action, another committee of the local authority may have to provide food and shelter for the mothers and children, or at least the children, at great cost and with little hope of any of the expense being recovered. It is regrettable that this still happens, but we feel that through our efforts during the year much of this kind of occurrence has been obviated. Nevertheless, there is still a lack of awareness of the problem and sufficient firm placement of the responsibilities.

Eviction Panel

As a result of the information received from the City Treasurer, 57 families were notified to the Medical Officer of Health as being the subject of a notice to quit. In the case of six of these families we were informed that the Town Clerk had been instructed to institute legal proceedings for possession. All these families were considered by a small panel consisting of the Chairman (Deputy Medical Officer), the Principal Probation Officer, the Principal Almoner for the Bradford "A" Group, the Deputy Superintendent Health Visitor, the Chief Welfare Officer, a representative of the National Assistance Board, and the Family Service Unit Organiser. Those families on the list which were already known to us were handed over to whoever was responsible, and the others were divided among the workers available on the Committee. The largest number were immediately followed up by the health visitor for the area, as it was felt that she was the person who, in the first place, would be able to assess whether, in fact, this was a temporary or a permanent problem. As a result of the report consideration was given to the necessity of further supervision, and in 26 cases supervision was, in fact, continued. The Family Service Unit workers followed up seven and found in four cases problems sufficient to cause them to take the families under their close supervision. In the case of the families where legal proceedings were being instituted, the first esponsibility for following up belonged to the Welfare Department, nd in all cases the district welfare officers visited and explained the eriousness of the situation to the parents. If, on the receipt of these eports, the Chief Welfare Officer considered that closer supervision was necessary, this supervision was provided either by the district welfare officer or by some other member of the Committee if he was nable to take on the extra burden.

Although it is always difficult to demonstrate forcibly and strikingly xamples of supervision, it was thought that here, in fact, we were tting down the total of human miseries and preventing the formation either chronic problem families or preventing the break-up of a mily with the consequent admission of the children into local authority stitutions and homes, and the disappearance of the father and mother some other part of the country.

The panel later, in the light of experience, recommended the follow- g procedure for dealing with families threatened with eviction:—

1. That the Superintendent Welfare Officer and the Superintendent Health Visitor first make a quick assessment of the families on the basis of the knowledge possessed by the district welfare officers and health visitors.

2. That, as far as possible, these workers would visit the families to ensure that they had not already quitted and to warn them to stay put.

3. That the members of the Neglected Children Case Sub-Committee be asked whether they would be prepared to take on one, or perhaps more, of these families which were considered to require closer supervision.

Of the total of families notified to us only five had given up possession of their houses at the end of the year.

The following recommendation was, therefore, put to the Committee by the Eviction Panel:—

> "This panel is of the opinion that each member of the Neglected Children Case Sub-Committee be asked whether he or she would be agreeable to take on the intensive supervision of one family which has become in danger of eviction. Also that those members of the Committee who have staff who are trained case-workers, should ask their staff if they would also be prepared to supervise at least one family each."

After discussion it was agreed that such cases as were considered t require close supervision after preliminary investigation by the Healt and Welfare Department officers, should be brought before the Committee with a view to them being allocated to a specific caseworker

Housing

As previously reported, housing problems were frequently discusse at the meetings of the Sub-Committee, and we are pleased to recor that excellent help and co-operation has been received throughout th year from the Estate Office of the local authority, which was concerne with most of the cases. Of the 30 families discussed during the yea five were rehoused in Corporation property. Since the inauguration the Committee, 19 families have been rehoused out of a total of 120. Here, credit is also due to the workers responsible for these families, as many of them required to be almost led by the hand to register their applications so that they might be awarded points under the Corporation scheme. Every attention was also given to ensure that such vermin and filth as was present in the old house would not be conveyed to their new accommodation. Eight large families were rehoused in old property owned by the Corporation, as their income was so low that a small rental was imperative, and it was not recommended that they risk subsequent eviction by accepting a new Corporation house of high rent. In these cases, great improvement in living standards has been shown, although it must be admitted that the houses lack many modern amenities. Nevertheless, they are a great improvement on the overcrowded and unsatisfactory houses which the families have left.

Of the 19 families referred to above, 11 were rehoused to modern houses on the outskirts of the city. It is easy to realise how difficult it must be for families with large numbers of children to pay rent and get sufficient food and clothing on the one wage of a labouring man. This, of course, is much more difficult when the work pattern of the father is irregular, or where he is affected by chronic ill-health or some other disability. It is worthwhile emphasizing that it is our experience that in a very large number of cases "problem families" become so because of this irregular and unsatisfactory work pattern on the part of the father. That this is so is emphasized by the excellent way a family has often managed when the father has either deserted or is undergoing a term of imprisonment. During these periods the mother receives a regular fixed income from the National Assistance Board, and in the large majority of cases manages extremely well, having regard to all the circumstances. Our follow-up of families who were not problem families but had received notices to quit also served to demonstrate that this unsatisfactory work pattern was common in many of these families which were bordering on the description of "incipient problem families."

This problem of high rental for large families with poor earning capacity leads one to ask whether it is possible for some in-between standard of housing accommodation to be available for this type of family; better by far than the squalor and filth they have left yet not so finely finished or at such a high rental as the present modern house, which is also often some considerable distance from the father's work place, requiring more money out of the slender purse for travelling expenses, canteen dinners, etc. It would be far better for efforts to be made to improve the environment of the factory and the area around rather than to continue accepting the unsatisfactory environment, which is in reality turning away from the real problem. We know that it is popular these days to suggest that families should live on the outskirts of the city, but we feel it is necessary to bring a realistic approach to this matter. A man must work to support his wife and children. It is obviously undesirable, except in special circumstances, for him to travel very far to this work.

Family Service Unit

The Family Service Unit has continued its good work during the year. Unfortunately, one caseworker left to go to a London unit, and she was replaced by a trainee caseworker, necessitating some cutting down of the case load. However, at the end of the year the case load was 23 families, containing 103 children, although 14 of these were in the care of the local authority. Four families were taken on as a result of the follow-up of notices to quit, and the others were received via the Neglected Children Case Sub-Committee, in most cases after evaluation by a small panel, of which the caseworker organiser was a member.

At the beginning of the year 15 cases were being visited. Twelve were opened during the year and four were closed because they had achieved satisfactory standards. Of the 23 cases open at the end of the year nine were making progress, 11 needed constant close supervision to maintain their standards and three had so improved that only extended supervision was necessary. Families are helped with practical problems, and though three have been assisted with home decorating, 14 have decorated without help. Children (and parents) have been taken to hospitals and clinics, etc. Fathers and mothers have been helped and encouraged in doing various jobs in the home, such as cooking, laundry, sewing, repairs, etc., and while some have responded well in their own homes few have taken advantage of invitations to use the better facilities at the Unit Hostel in order to help them in economic homecraft. Whilst such practical help as this is given to these families, it is not done indiscriminately but as part of a policy to help them to become self directing and self reliant.

Although an extensive appeal was made for help with children's holidays, outings, camps, etc., the response was poor. However, three outings were arranged; two by Unit workers, involving 50 children. It is hoped that two camping holidays will take place next year, where older children will be encouraged to look after themselves properly.

In last year's report it was mentioned that the debt had been cleared of a family living in temporary accommodation provided by the Welfare Committee. This family was rehoused early in the year and has succeeded so well under the new conditions that the caseworker organiser is now beginning to feel that the case can soon be closed.

Mr. and Mrs. A and their four children, eldest four years, were referred to the Family Service Unit early in March, 1954, by the Maternity and Child Welfare Department. They lived in two small, dingy bedrooms, the tenants of an old man who was living in squalor downstairs. For the previous two years Mr. and Mrs. A had made efforts, slowly at first, to improve their living conditions and home standards, but they could not be considered for rehousing because they had a debt to a local authority department. The health of the family was being seriously affected by their conditions, all of them having been in hospital at one time or another over a period of less than two years. Mrs. A's health was suffering so much that there was a danger that she would revert to her previous apathy and indifference, with the consequence that her children would suffer acutely. Mr. A was in very poor health and constantly tried to work despite doctor's orders. Little cooking could be done because the only usable fire was a bedroom fire.

When the issues were placed squarely before the parents, Mr. A agreed to undertake a course of medical treatment, and arrangements were made for them to pay off their debt. When they made a persistent effort to overcome their difficulties they obtained a small grant which enabled them to clear their debt, and they were eventually rehoused by the Corporation. The health of all the children has since improved considerably. Mrs. A is not going to have any more children. Mr. A's health remains a problem and he is still receiving treatment. He has worked when possible and co-operated with work in the home. They have obtained several much-needed items of equipment and are now settling well in their new environment, having been encouraged in homecraft, cooking, gardening, etc.

Although poverty is still a factor, this family has now a chance to lead a reasonable life. If Mr. and Mrs. A had not received medical attention they may well have been unfit to perform their parental duties. If they had not been rehoused they would have quickly become embittered and possibly neglectful parents whose children may well have become a charge on the local authority rates.

The play group continued to meet during the year and two university students were received for periods of training as part of their course in social science at their respective universities.

Temporary Accommodation

A second survey of the families living in temporary accommodation was also made during the year; the previous survey being in 1950. As a result, and with every co-operation from the Master and Matron at The Park, who made accommodation available, arrangements were made for a weighing and advice session to be held there by the health visitor for the district.

The problem of temporary accommodation of evicted families has been brought forward from time to time by various members of the Committee. However, this is not a problem peculiar to Bradford, as each large authority throughout the country is faced with the same situation. While it is obviously undesirable for conditions to be made too easy for these families, it is nevertheless felt that authorities have an obligation to do their best to care for the families without forcing upon them complete break-up.

Prevention of Break-up of Families (*Ministry of Health Circular* 27/54)

In this circular the Minister expresses his concern at the bad effects on the health, especially the mental health, of children, which frequently followed the break-up of the family. Quite apart from this effect, there is also the increased financial cost of accommodating the children as a result of the break-up. In the third paragraph the Minister emphasises that preventive measures, designed to prevent the production of "problem families," would be a proper exercise of the local authority's powers under Section 28 of the National Health Service Act, 1946. He also emphasises that the health visitor is of paramount importance, especially in recognising early signs of failure in the family, and that the main responsibility for family welfare devolves on her. He then goes on to suggest that the usefulness of selective health visiting should be considered, giving special attention to those families where problems are likely to arise or are known to exist. He finally states that the work will be under the direction of the Medical Officer of Health, and asks that he describe in future annual reports what developments have taken place.

It is considered that in Bradford an appreciable amount of work has already been carried out along the lines recommended by the Minister by the members of the Neglected Children Case Sub-Committee. As mentioned above, the health visitor has already played a large part in this work. Great care, however, must be exercised to ensure that each health visitor does not carry more than her quota of problem families, both of chronic and incipient types. Again we repeat that in our view the proper and most successful method lies in prevention. This involves laborious follow-up and interviews such as are described earlier, and it cannot be emphasised too much that this work, apart from being time consuming, requires great skill and an expert casework technique to be successful.

These families to which we have referred are a great cost and trouble to the health of the community quite out of all proportion to their numbers.

Section 5

School Health Service

STAFF
DEFECTIVE VISION IN DIFFERENT TYPES OF SCHOOLS
MEDICAL INSPECTION
INFECTIOUS DISEASES
CO-OPERATION OF PARENTS, TEACHERS, ETC.
PERIODIC MEDICAL INSPECTIONS
SCHOOL CLINICS
TREATMENT OF WARTS AND ENURESIS
SCHOOL NURSING
IMMUNISATION
CASES SEEN BY OPHTHALMIC SURGEON
SPECIAL EDUCATIONAL TREATMENT
PHYSIOTHERAPY
ULTRA VIOLET RAY THERAPY
SPEECH THERAPY
LIP READING
CHIROPODY
CHILD GUIDANCE CLINIC
LINTON RESIDENTIAL SPECIAL SCHOOL FOR DELICATE PUPILS
LISTER LANE SPECIAL DAY SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS
BAILDON RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS
MARGARET McMILLAN SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS
ODSAL HOUSE SPECIAL DAY SCHOOL FOR DEAF PUPILS

School Health Service—*continued*

TEMPLE BANK SPECIAL SCHOOL FOR PARTIALLY SIGHTED PUPILS

SCHOOL DENTAL CLINIC

APPENDIX

MEDICAL INSPECTION RETURNS

Staff

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer: V. P. McDONAGH, M.B., CH.B., D.P.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

D. M. LANGLEY, M.B., CH.B., D.P.H.
R. WOODHEAD, M.B., CH.B.
J. N. LEEDHAM, M.B., CH.B., D.P.H.
J. L. WALKER, M.B., CH.B.
M. BESWICK, M.B., CH.B.

Specialist Officers:

Orthopaedic Surgeons: A. NAYLOR, CH.B., M.SC., F.R.C.S.
J. WISHART, F.R.C.S.

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Ophthalmologist: S. ROBERTSON, M.B., CH.B., D.O.M.S.

Ear, Nose and Throat Consultant: M. JONES, F.R.C.S.

School Dental Officers:

Principal School Dental Officer: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

Assistant School Dental Officers:

S. HALL, L.D.S. (Liv.)
A. S. METCALFE, L.D.S., R.C.S. (Eng.)
S. M. CHOMSE, B.D.S. (appointed 11.1.54)
M. PARKER, B.CH.D., L.D.S. (appointed 1.3.54)
C. D. PARKER, B.CH.D., L.D.S. (appointed 22.6.54)

Physiotherapists:

Miss V. M. Cribb
Mrs. M. J. Parker (appointed 11.10.54)
Mrs. W. K. Lowry (left 30.9.54)
Miss C. E. G. Pearson (appointed 1.12.54)

Speech Therapists:

Miss M. Ayrton
Mr. F. Brook (part-time)

School Nurses:

Superintendent School Nurse: Miss F. H. Walker
Deputy Superintendent School Nurse: Miss A. Wilcock

Nurses:

K. Heineman, C. M. Hamilton, N. Kay, M. van Swanenberg, M. G. Munro, B. Sugden, I. Edwards, L. E. Cummings, K. Howard, E. M. Jackson, M. M. E. Jones, R. Lewington, R. Lynch (appointed 1.3.54), H. M. Huddy (left 30.9.54)

Chiropodist:

Mr. W. Dalby (part-time)

Dental Attendants:

E. Warner, B. Briggs, J. Stirk (left 31.5.54), B. Wood (appointed 20.9.54), B. P. Ashmore (appointed 1.11.54)

Nursing Assistants:

V. Nicholson, K. Burton, G. Burlison (appointed 22.1.54) F. Shuttleworth (appointed 22.11.54)

Oral Hygienist:

Miss D. I. R. Smith (appointed 1.3.54—left 30.11.54)

Child Guidance Clinic

Psychiatrist: H. Edelston, m.b., d.p.m.
Educational Psychologist: Mrs. B. Brook, b.a.
Psychiatric Social Worker: Miss S. Heyworth

Section 5

School Health Service

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior School Medical Officer*

During 1954 our professional staff was augmented by the appointment of three dental surgeons, and of two joint-appointment doctors who each devoted six sessions weekly to school children. We specially welcome Dr. Crawford by reason of his valuable experience when a family doctor in this city.

Defective Vision in Different Types of Schools

Though medical work is essentially individual, marked irregularities of results may merit enquiry. Such an irregularity has persisted in the incidence of defective vision found in different types of schools; this was investigated during the past year by Dr. M. Langley in the following way.

She collected histories concerning 338 cases of visual defects occurring at random in six secondary modern and seven grammar schools. These 13 schools were selected because they had been regularly inspected for many years by Dr. Langley or by another school medical officer also skilled in refraction and after-care. The individual records of the 338 named children were then traced backwards through their secondary, primary and infant stages of education until the *first mention* of defective vision was found in each case. Results are summarised in the following six tables.

TABLE 1 *The Number of each Type of Defective Vision in the Total 338 Cases Examined*

	Hypermetropia (including hypermetropic astigmatism)	Myopia (including myopic astigmatism)	Mixed Astigmatism
Boys	67	70	17
Girls	76	89	19

TABLE 2 *Age on Discovery of Signs of Visual Defect*

	Boys			Girls		
Age	Hypermetropia and hypermetropic astigmatism	Myopia and myopic astigmatism	Mixed Astigmatism	Hypermetropia and hypermetropic astigmatism	Myopia and myopic astigmatism	Mixed Astigmatism
2	0	0	0	1	0	0
3	0	0	0	0	0	0
4	3	0	0	3	0	0
5	6	0	0	4	0	0
6	3	1	0	2	2	0
7	4	0	1	4	2	0
8	15	4	1	7	3	4
9	8	4	4	13	7	1
10	2	7	2	8	6	3
11	8	11	4	8	19	3
12	9	14	2	15	29	5
13	4	14	2	7	10	1
14	3	9	0	4	7	2
15	1	3	1	0	4	0
16	1	3	0	0	0	0

TABLE 3 *Age of Onset of Sign of Visual Defect (All Types—Both Sexes*

Age	Number of Cases	Percentage
2	1	0·3
3	—	—
4	6	1·8
5	10	3·0
6	8	2·7
7	11	3·2
8	34	10·0
9	37	10·9
10	28	8·2
11	53	15·7
12	74	21·9
13	38	11·0
14	25	7·4
15	9	2·8
16	4	1·1

TABLE 4 *Type of School in which Visual Defect was first Discovered*

Visual Defect	Boys (154) Inf.	Boys Prim.	Boys Sec Mod. Mod.	Boys Gr.	Girls (184) Inf.	Girls Prim.	Girls Sec. Mod. Mod.	Girls Gr.
Hymermetropia, including Hypermetropic Astigmatism	15	29	6	17	11	33	6	26
Myopia, including Myopic Astigmatism	1	25	3	41	2	29	9	49
Mixed Astigmatism	1	9	2	5	0	9	3	7
All Types	17	63	11	63	13	71	18	82
Percentage	11	41	7	41	7	38·6	9·9	44·5

TABLE 5 *All Cases (Boys and Girls)*

	Infant	Primary	Secondary Modern	Grammar
	30	134	29	145
Percentage of total of 338 ..	9·0	39·8	8·45	42·75

TABLE 6 *Classification of Defects in Various Schools*

	Hypermetropia and Hypermetropic Astigmatism	Myopia and Myopic Astigmatism	Mixed Astigmatism
Infant..	26	3	1
Primary	62	54	18
Secondary Modern ..	12	12	5
Grammar	43	90	12

Conclusions

Infant and secondary modern schools showed comparatively few new cases of defective vision. A marked rise in the onset of visual defect was found in primary and grammar schools. Probably several pupils whose defective vision was discovered by the primary department actually had the defect while in the infant school.

The number of new cases of visual defect found in secondary modern schools is even lower than in infant schools; apparently secondary modern curriculum causes no harm.

The grammar schools rival the primary schools in the number of new cases of defective vision—63 boys each in primary and grammar; 71 girls in primary and 82 girls in grammar.

Hypermetropia and hypermetropic astigmatism are the commonest defects in primary departments; myopia and myopic astigmatism are commonest in grammar schools. A steep rise in the incidence of myopia among grammar school 12-year-old girls is partly explained by the rapid growth occurring at this age.

The fact that all kinds of visual defect show a marked numerical increase among scholars soon after their admission to grammar school indicates that an intensive academic education has some deleterious effect on sight, especially in relation to the onset of myopia. There may be also an emotional factor among these scholars in a competitive atmosphere resulting in less tolerance of any imperfection and more expression of symptoms.

Medical Inspection

The usual periodic medical inspections were carried out of children in age groups 5, 9 and 13 years.

In grammar schools all children over the age of 12 years are examined annually. Children in nursery schools are seen each month by the school doctor, thus ensuring early detection and treatment of defects.

At each medical inspection, in addition to the pupils in the routine age groups, any child is specially examined at the request of parent or teacher.

Every school had a periodic medical inspection during 1954, as required by the Ministry's Regulations. Forms were distributed prior to the inspection requesting the presence of the parent, a written consent to immunisation, a list of the child's previous illnesses and the name of the family doctor.

Many defects were recognised at the hygiene inspections carried out by the school nurse--the detection of these defects being, perhaps, even more important than that of head infestation. Tribute must be paid to the help given by class and head teachers in noticing abnormalities of speech, sight, hearing, etc., and bringing them to the notice of the school medical personnel. Many schools were, unfortunately, without accommodation reserved for medical use, but a staff room or classroom was always readily placed at our disposal by the head teacher. Co-operation by the teaching staff is a most important factor in the success of school inspections.

The presence of a teacher at the medical examination is of particular value—information is available regarding school attendance, school behaviour and often home background; any defect found in the child can be jointly discussed and any necessary modification of school curriculum arranged at once. Few children are unaccompanied by parent or friend at the infant and primary school medical inspection, but many pupils come alone to the examination in secondary modern and grammar school. In all but isolated instances, parents were eager to accept advice and to carry out suggested treatment. Where objection was encountered, a visit by the school nurse sufficed to ensure compliance. Scholars now accept medical inspection as part of their school routine, protest is rare from even nursery and infant children.

The standard of child health remained good. Few cases of subnutrition occurred in even the poorest districts since the introduction of school meals and milk. Cod liver oil and orange juice are also of proven value in nursery schools and classes.

Many children, particularly in secondary modern and grammar schools, still go to bed far too late. Emphasis is laid on the need for adequate rest and sleep at medical and hygiene inspections, but this is an instance where parents are often not co-operative. In some Bradford schools an official bedtime is among the school rules sent to the parent. This advice has a very good effect; it could, with advantage, be more widely followed.

Many school gymnasia have facilities for the treatment of minor postural and foot defects; these often proved amenable to remedial xercises there without needing reference to the Physiotherapy Department at Manor Row. It is hoped that eventually all primary and econdary schools will be able to carry out such treatment for the nprovement of muscle tone.

Active tuberculosis, major deformities and gross lesions were rarely ncountered.

The incidence of defective vision remained high. Too much stress cannot be laid on the importance of annual sight testing of all school children over the age of 7. No parent should be allowed to refuse treatment for a child whose vision is deteriorating. A house visit by the school nurse is generally effective in persuading the parent to cooperate. Teachers can be invaluable in ensuring that glasses are worn regularly. Children with defects found at medical inspection were, where necessary, further examined and treated at the school clinics. Domiciliary treatment and medicines were not provided.

Facilities for the treatment of visual, hearing, speech, postural, skin, dental, emotional and other defects were provided at the school clinics. Severely handicapped children were transferred to special schools. A census of all children of school age in the city is taken annually by the attendance officers. Children reaching the age of five years whose names are not on any school register are reported to the School Medical Officer who has each case either medically examined at the school clinic or obtains evidence that the child is unfit to attend school.

Infectious Diseases

All head teachers in the city are provided with a copy of a "Vade Mecum Concerning Infectious Diseases." No teacher or scholar may attend school if suffering, or suspected to be suffering from any infectious or contagious disease. If a teacher suspects a pupil to be suffering from such a disease, he shall at once report to the head teacher who, if circumstances warrant, shall temporarily exclude the affected child or children from school, inform the parent or guardian of the reason for exclusion and notify the school medical officer. When further investigation is thought necessary, a nurse is sent to the school concerned to examine contacts, take ear, nose and throat swabs if deemed advisable and carry out any other precautionary measures. In cases of diphtheria or scarlet fever the origin of the infection is often found by these methods. The assistant school medical officer also visits the school concerned where necessary.

Notifiable infectious diseases are reported to the Medical Officer of Health by assistant school medical officers and private practitioners. The homes of all such cases are visited by a health visitor or sanitary inspector who gives advice to the parents concerning the welfare of patient and contacts. Admission to hospital is arranged where necessary. In some cases contacts of the patient are excluded from school.

Co-operation of Parents, Teachers, School Welfare Officers and Voluntary Bodies

Teachers did much to encourage attendance at medical or dental clinics. Their knowledge of a child's home background and standard of parental care is of great value to the medical staff. The co-operation of the school attendance department is also much appreciated. The school attendance officer can often persuade reluctant parents to visit clinic or private practitioner when children require treatment. Persistent absence from school is investigated and children who have changed their address or school are traced.

Tribute must be paid to the Cinderella Club which, during 1954, sent many needy children for a fortnight's holiday at the Hest Bank Home. Each child was examined by a member of the School Health Service prior to travelling. The Victoria Convalescent Fund was also most helpful in providing children with a beneficial stay at Craig Home, Morecambe. Thanks are due to the N.S.P.C.C. for their co-operation. Their help in advising problem families and persuading reluctant parents to have necessary medical attention is gratefully acknowledged. During 1954, 6 cases were referred to the Society, compared with 44 in 1951, 38 in 1952 and 16 in 1953.

Periodic Medical Inspections

(a) General Condition

The general condition of children examined at medical inspections during 1954 has been classified as follows:—

Age Groups	Number of Pupils Inspected	A (Good) No.	A (Good) % of Col 2	B (Fair) No.	B (Fair) % of Col. 2	C (Poor) No.	C (Poor) % of Col. 2
Entrants	5,151	2,996	58·2	2,116	41·0	42	0·8
Second Age Group	3,859	2,311	59·9	1,529	39·6	19	0·5
Third Age Group	1,941	1,170	60·3	764	39·4	7	0·3
Additional Periodic Inspections	6,766	4,647	68·7	2,113	31·2	6	0·1
Total ..	17,720	11,124	62·8	6,522	36·8	74	0·4

It is satisfactory to note that since 1951 the percentage of children in Category A has gradually increased and the percentage in Categories B and C has diminished:—

	A (Good) %	B (Fair) %	C (Poor) %
1951	40·2	59·0	0·8
1952	53·4	46·2	0·4
1953	57·0	42·5	0·5
1954	62·8	36·8	0·4

(*b*) *Diseases of the Skin*

During 1954, 1,148 cases of skin disease were found at periodic inspections, 570 at special inspections; 1,142 cases required treatment.

(*c*) *Visual Defects and External Disease of the Eye*

At routine and special inspections 2,539 cases of defective vision were noted; 1,085 required treatment and 1,454 observation only—the latter group consisting mainly of children already wearing suitable glasses; 524 cases of squint were found, 202 requiring treatment. Cases of external eye disease other than squint numbered 315, of which 238 needed treatment. Comparative figures for 1952 and 1953 may be of interest:—

	Defective Vision	Squint	Other External Eye Disease
1952	2,395	545	532
1953	2,978	553	336
1954	2,539	524	315

(*d*) *Ear Disease and Hearing Defects*

At periodic inspections 182 cases of defective hearing were found and a further 61 cases at special examinations—139 of the total number required treatment. Cases of otitis media numbered 258; cases of other ear disease 257. Of these, 252 cases required observation only; 263 immediate treatment.

During 1954, 123 children received operative treatment for diseases of the ear.

(*e*) *Nose and Throat Defects*

Out of 1,947 cases of nose and throat disease found at periodic inspections, 634 required treatment. A further 462 cases were noted at special inspections; 127 of these needing observation only.

2,074 children were operated on for nose and throat conditions during the year.

(*f*) *Defective Speech*

Below, the figures for 1952, 1953 and 1954. New cases found at:—

	Periodic Inspections		Special Inspections	
	Requiring treatment	For observation	Requiring treatment	For observation
1952	43	64	38	10
1953	61	49	38	10
1954	78	92	47	5

200 cases were treated in 1954, compared with 170 cases in 1953 and 131 in 1952.

(*g*) *Cervical Glands (Non-tubercular)*

During 1954, 548 cases of enlarged cervical glands were found at periodic inspections and 35 cases at special inspections. Only 51 cases needed treatment.

(*h*) *Heart and Circulatory Diseases*

The number of children found to have heart or circulatory defects varied little from previous years. At routine inspections 175 cases requiring treatment were discovered and 358 cases put under observation. At special inspections 123 cases were found—91 of these being referred for treatment. The total number of cases was 656, compared with 735 in 1953 and 727 in 1952. These figures do not include pupils at Lister Lane School for Physically Handicapped Children.

(*i*) *Lungs*

During 1954, at periodic and special medical inspections, 876 cases were found of non-tubercular lung disease such as asthma, bronchitis, bronchial catarrh, etc. Of these 392 required treatment.

(*j*) *Development Defects*

278 children were found with developmental defect, 74 requiring treatment. These figures include 42 cases of hernia, of which 13 were referred for treatment.

(*k*) *Orthopaedic Defects*

The total number of cases of orthopaedic defect found at periodic and special inspections during 1954 was 1,909, compared with 1,793 in 1953 and 2,061 in 1952, comprising:—

	1951	1952	1953	1954
Postural	555	575	543	681
Flat Foot . .	696	670	482	389
Other	769	816	768	839

(*l*) *Nervous System*

388 cases of disease of the nervous system were found at medical inspections during 1954. Included in these were 33 cases of epilepsy, 14 of which were referred for treatment. The remainder were put under observation as they were already receiving suitable care and attention. Pupils with defects in psychological development and stability numbered 330, 160 requiring treatment.

(*m*) *Miscellaneous*

At periodic and special inspections during 1954, 1,353 cases of defect or disease not coming under the above headings were found. Of these, 1,035 were referred for treatment and 318 placed under observation.

Items in Schools reported on				Conditions Found	
				County Schools Inspected 104	Voluntary Schools Inspected 56
1.	Surroundings:	Open		62	16
		Congested		42	40
2.	Playground:	Adequacy	Satisfactory	74	23
			Unsatisfactory	30	33
		Surface	Satisfactory	79	34
			Unsatisfactory	25	22
		Tidiness	Satisfactory	100	53
			Unsatisfactory	4	3
		Condition of Dust Bins	Satisfactory	83	46
			Unsatisfactory	21	10
3.	Classrooms:	Number	Satisfactory	84	37
			Unsatisfactory	20	19
		Adequacy	Satisfactory	83	38
			Unsatisfactory	21	18
		Condition of Walls and Floors	Satisfactory	55	25
			Unsatisfactory	49	31
		Means of preventing and removing dust	Satisfactory	103	56
			Unsatisfactory	1	—
		Waste receptacles	Satisfactory	102	55
			Unsatisfactory	2	1
4.	Desks	Type	Satisfactory	87	52
			Unsatisfactory	17	4
		Suitability	Satisfactory	84	50
			Unsatisfactory	20	6
5.	Blackboards		Satisfactory	99	51
			Unsatisfactory	5	5
		Do surfaces shine?	Yes	6	6
			No	98	50
6.	Ventilation:	Method	Natural	76	53
			Artificial	28	3
		Efficiency	Satisfactory	84	46
			Unsatisfactory	20	10
7.	Lighting:	Natural	Satisfactory	96	49
			Unsatisfactory	8	7
8.	Lighting:	Artificial	Satisfactory	81	45
			Unsatisfactory	23	11
9.	Heating	Method	Satisfactory	104	56
			Unsatisfactory	—	—
		Efficiency	Satisfactory	89	52
			Unsatisfactory	15	4
		Are room temperature charts kept up-to-date?	Yes	11	3
			No	93	53

	Items in Schools reported on			Conditions found	
				County Schools Inspected	Voluntary Schools Inspected
10.	Medical Room		Present	15	2
			Absent	89	54
11.	Staff Rooms		Satisfactory	80	28
			Unsatisfactory	24	28
12.	Drinking Water:	Adequacy of cups, jets, etc.	Adequate	78	52
			Inadequate	26	4
13.	Dining Rooms		Present	58	12
			Absent	46	44
14.	Wash Basins:	Number	Adequate	38	14
			Inadequate	66	42
		Suitability	Satisfactory	59	25
			Unsatisfactory	45	31
15.	Towels:	Adequacy	Satisfactory	100	55
			Unsatisfactory	4	1
		Condition	Satisfactory	99	55
			Unsatisfactory	5	1
16.	Showers		Present	16	1
			Absent	88	55
17.	Cloak Rooms		Satisfactory	77	41
			Unsatisfactory	27	15
18.	Drying facilities		Present	50	25
			Absent	54	31
19.	Sanitary Offices:	W.C.'s Number	Adequate	39	20
			Inadequate	65	36
		Type	Satisfactory	104	52
			Unsatisfactory	—	4
		Condition	Satisfactory	92	45
			Unsatisfactory	12	11
		Method and efficiency of flushing	Satisfactory	100	50
			Unsatisfactory	4	6
		Number of W.C.'s with bolts on inside of doors and sanitary bins reserved for older girls	Present and adequate	22	8
			Absent or inadequate	3	—
		Urinals	Adequate	74	37
			Inadequate	16	16
		Flushing	Satisfactory	79	43
			Unsatisfactory	11	10

School Clinics

Location of School Clinics in Bradford

Central School Clinic and Offices	28a Manor Row
Edmund Street Branch Clinic	20 Edmund Street, Little Horton Lane
Green Lane ,, ,,	Green Lane, Manningham
Lapage Street ,, ,,	Carrington Street, Bradford Moor
Odsal ,, ,,	55 Odsal Road
Saint Street ,, ,,	Saint Street, Great Horton
Usher Street ,, ,,	Usher Street, Wakefield Road

The Central Clinic and Offices remain open five and a half days per week; branch clinics are open each morning from 9–10 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic on Wednesday and Saturday mornings for consultations.

Extra activities undertaken by members of the School Health Service included talks to parent-teacher associations, evening examination of children proceeding to Hest Bank Convalescent Home in Morecambe, examination of police court cases going to remand homes, supervision of the Residential Approved School for Delinquent Boys at Ilkley, certification of mental defectives with reports to the Mental Welfare Service and examination of prospective teachers with reports as required to the Ministry of Education.

The constant endeavour to help all types of handicapped children as early as possible was supported by information received from many sources, e.g. family doctors, the Maternity and Child Welfare Department and hospitals. Some needed official ascertainment as suitable for special schooling; a few, unfortunately, were ineducable.

A small number of pupils affected by cerebral palsy to a slight extent attend ordinary schools.

Treatment of Warts and Enuresis

At Odsal Clinic 53 children were treated for warts by Dr. Leedham throughout the year. It was noticed that these benign skin growths were more active in late summer and autumn. Treatment included scooping with a Volkman spoon under local anaesthesia, freezing by carbon dioxide snow and silver nitrate cauterisation.

Number of boys treated	24	53
Number of girls treated	29	
Number of warts removed by scooping		240
Number of warts removed by Co_2 snow		29
Number of warts removed by silver nitrate		12

In addition four cases were referred to the Dermatology Department at the Royal Infirmary.

All children attending Odsal Clinic because of noctural enuresis were asked to return monthly bringing a calendar indicating the dates of bed wetting. They were given a month's supply either of phenobarbitone tablets ($\frac{1}{4}$ grain to be taken at night) or benadryl capsules (25 mgms. to be taken morning and night).

Number of boys who attended for treatment	20	37
Number of girls who attended for treatment	17	
Number of boys discharged cured		6
Number of girls discharged cured		7
Number of boys improved and still attending		6
Number of girls improved and still attending		2
Number of cases not improved		3
Number of cases referred to genito-urinary specialist		2
Number of cases who failed to co-operate		11

School Nursing

The staff of 14 school nurses had the co-operation of 7 others with health visitor qualifications; in addition two health visitors did some of the school work in their areas. In accordance with a recommendation of the Rushcliffe Report two school nursing sisters went to a refresher course; this was held in January at Southlands College, Wimbledon. It is hoped that this valuable aid will continue to be afforded.

The number of home visits again increased for various reasons such as B.C.G. vaccinations, surveys of child health and after-care of patients discharged from hospitals. Many of these visits had to be made in the evenings, as frequently all adult members of households were out at work during the day.

The incidence of pediculosis of the scalp declined; this improvement occurred wherever the school nursing sister was provided with an unqualified assistant. Two more such assistants were appointed towards the end of the year, making a total of four. The Cleansing Station at Canal Road continued to be of great assistance, particularly with persistent offenders.

Summary of School Nurses' Work Sheets, 1st January—30th June, 1954

House visits	1,500	
Number of schools inspected:		
Elementary	1,174	
Nursery	104	
Secondary	61	
Special	96	
Number of children inspected:		
Elementary	73,054	80,236
Nursery	2,621	
Secondary	2,790	
Special	1,771	
Head infestation:		
Elementary		
Slight	4,438	
Heavy	1,419	
Nursery		
Slight	87	
Heavy	33	
Secondary		
Slight	5	
Heavy	5	
Special		
Slight	57	
Heavy	34	
Uncleanliness of body	95	
Ringworm	3	
Scabies	8	
Impetigo	23	
Inflammatory eye conditions	57	
Defective vision	331	
Squint	85	
Otorrhoea	54	
Infectious diseases	1	
Other conditions	204	

Summary of School Nurses' Work Sheets, 1st July—31st December, 1954

House visits		
Uncleanliness	344	
Reports on B.C.G. cases	1,213	
Children discharged from hospital	416	
Others	135	
Number of schools inspected		
Cleanliness		
Elementary	667	
Nursery	43	
Secondary	11	
Special	26	
Preparation—Weighing and measuring, vision, etc.		
Elementary	231	
Nursery	34	
Secondary	20	
Special	3	
Number of children inspected		
Cleanliness		
Elementary	51,287	68,172
Nursery	1,104	
Secondary	1,337	
Special	1,091	
Preparation—Weighing and measuring, vision, etc.		
Elementary	10,546	
Nursery	927	
Secondary	1,771	
Special	109	
Head infestation		
Elementary		
Slight	3,308	
Heavy	869	
Nursery		
Slight	37	
Heavy	9	
Secondary		
Slight	58	
Heavy	12	
Special		
Slight	91	
Heavy	41	
Uncleanliness of body	144	
Ringworm	—	
Scabies	1	
Impetigo	23	
Inflammatory eye conditions	32	
Defective vision	328	
Squint	52	
Otorrhoea	37	
Infectious diseases	—	
Other conditions	272	

Immunisation

The total number of school children injected with diphtheria prophylactic at the school clinics or in schools during 1954 was as follows:—

First dose	970
Immunisation completed ..	769
Reinforcing dose	2,385

A small number of pre-school children not attending nurseries came with brothers or sisters and were injected at the same time.

Analysis of Cases seen by Mr. Benson, Ophthalmic Surgeon, and Dr. Robertson, Ophthalmologist, at the School Clinics

	Children of School Age	Pre-School Children	Total
Errors of refraction	997	17	1014
Squint	332	129	461
Other defects..	22	16	38
Total ..			1,513

	Children of School Age	Pre-School Children
Referred to hospital for operation..	35	13
Referred to hospital for orthoptic treatment	34	5
Referred Partially Sighted School..	1	—

Number of pupils for whom spectacles were

(*a*) Prescribed..	982
(*b*) Obtained	713

During the year Mr. Benson examined all children at the Temple ank School for Partially Sighted Children.

Special Educational Treatment

Children accommodated in institutions not maintained by the authority at 31st December, 1954:—

Institution	Handicap	Boys	Girls
Sheffield School for the Blind	Blind	2	—
Condover Hall School	Blind and educationally sub-normal	2	—
St. John's Institute for the Deaf	Deaf	1	—
St. George's Hostel, Salford	Diabetic	2	—
Shaftesbury House, Rustington	Diabetic	—	2
Colthurst House School	Epileptic	1	—
Maghull Home, Liverpool	Epileptic	1	—
Lingfield Colony, Surrey	Epileptic	—	1
Orton Hall, Peterborough	Educationally sub-normal	—	1
Saint Rose's R.C. Special School	Physically Handicapped	—	1
Ian Tetley Memorial Home School	Physically Handicapped	1	—
Hesley Hall School, Doncaster	Physically Handicapped	1	—
	Totals	11	5

The following cases were awaiting admission to special schools or institutions not maintained by the authority on 31st December, 1954:—

Physically Handicapped	1 girl
Blind	1 girl
Epileptic	1 girl

Physiotherapy

Since the appointment of Miss Cribb as Superintendent Physiotherapist in September 1953, this department has covered a wider field. In addition to the usual work at Manor Row Central Clinic and Lister Lane Special School, one session per week for pre-school and school children was held at Odsal Clinic; also classes for ante-natal and post-natal exercises were organised at Edmund Street Clinic. The staff was reduced to two from May 1953 when Miss Hutton retired, until December 1954 when the full establishment of three was restored. The long waiting list of cases referred to Manor Row Clinic was overcome by extra efforts during vacations. At this central Clinic 2,668 attendances were made during the year by 196 cases referred by school medical officers and 28 referred by family doctors. These 224 patients came from:—

Nursery Schools	3
Primary Schools	147
Secondary Modern Schools ..	44
Grammar Schools	23
Special Schools..	7

Classification of cases

Defects in feet	72
Defects in spine	86
Defects in chest	60
Rickets	3
Recent injuries..	5
Recent poliomyelitis	1

Disposal

Discharged cured	24
Discharged very much improved	44
Discharged improved	26
Discharged unchanged.. ..	2
Discontinued treatment ..	30
Removed from Bradford ..	3
Left School	3
Referred to hospital	2
Carried forward to 1955 ..	89

The classification of 72 cases referred to Odsal Clinic corresponds to the above. These figures indicate how our remedial department has lessened the demands on hospitals.

Ultra Violet Ray Therapy

Selected children were treated in the Central Clinic and particulars are given in the following tables:—

CASES TREATED BY ARTIFICIAL SUNLIGHT, 1954

Defects	Number of Children	Average Number of Weeks	Minimum Number of Weeks	Maximum Number of Weeks	Number of Exposures Minutes				Signs of Improvement					Results of Treatment			
					1	2	3	4	Temperament	Energy	Sleep	Nutrition	Haemoglobin	Condition Cleared	Condition Improved Much	Condition Improved Slight	No Change
Anaemia	64	9·5	5·0	12·0	64	63	61	1010	12	44	33	35	61	34	27	2	1
Asthma	16	9·5	8·5	10·5	17	17	19	241	2	8	10	10	15	1	14	1	—
Anorexia	38	9·0	5·0	12·5	38	37	41	641	6	31	21	32	37	22	15	1	—
Bronchitis	101	9·5	5·5	12·5	101	100	96	1588	17	63	49	55	99	46	51	3	1
Bronchial catarrh ..	50	9·5	7·0	12·0	50	51	53	827	5	38	23	32	49	19	30	—	1
Cervical adenitis	7	9·5	9·0	12·0	7	7	8	116	3	4	2	3	7	2	5	—	—
Nerves	8	9·0	6·0	11·0	8	8	8	126	2	2	2	3	7	2	5	1	—
Debility	91	9·5	6·5	17·0	93	91	91	1515	18	66	45	71	91	67	21	3	—
Nasal catarrh	24	10·0	7·0	12·5	24	24	26	407	8	14	15	14	22	10	14	—	—
Rheumatism	2	10·0	10·0	10·5	2	2	2	35	—	2	1	2	2	1	1	—	—
Frequent colds	116	9·5	7·0	12·5	118	119	122	1922	16	87	65	82	115	58	52	5	1
Skin diseases	40	9·5	6·5	12·0	39	37	39	639	5	24	22	23	38	25	12	—	3
Other defects	65	9·0	5·5	11·5	65	65	67	1048	14	44	35	44	65	27	36	1	

CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE COURSE

Defect	Number of Children	Minimum Number of Weeks	Maximum Number of Weeks	Average Number of Weeks	No. of Exposures Minutes 1	2	3	4	Defaulted	Reason for Discontinuing Treatment Left School	No Escort	Admitted to Hospital	Advised to Discontinue Treatment	Having Treatment Privately
Anaemia	12	1·0	6·5	4·0	12	12	12	56	12	—	—	—	—	—
Asthma	3	1·5	4·0	3·0	3	3	2	9	2	—	—	—	1	—
Anorexia	9	1·0	5·0	3·0	9	9	7	35	9	—	—	—	—	—
Bronchitis	12	1·5	5·5	3·0	12	12	9	49	12	—	—	—	—	—
Bronchial Catarrh ..	6	1·5	5·5	4·0	6	5	5	30	6	—	—	—	—	—
Cervical Adenitis ..	1	4·0	4·0	4·0	1	1	1	5	1	—	—	—	—	—
Nerves	6	2·0	6·0	4·0	6	6	6	32	6	—	—	—	—	—
Debility	18	2·0	6·0	4·0	18	18	18	94	17	—	1	—	—	—
Nasal Catarrh	2	2·0	6·0	4·0	2	2	2	10	1	—	—	—	—	1
Rheumatism	1	2·0	2·0	2·0	1	1	—	2	1	—	—	—	—	—
Frequent Colds	15	2·0	7·5	3·5	15	24	14	52	12	1	—	—	1	1
Skin Disease	4	2·5	6·0	4·0	4	4	4	22	3	1	—	—	—	—
Other Defects	21	0·5	6·0	3·5	21	18	16	92	18	—	2	1	—	—

The number of cases on the ultra violet ray therapy list at the end of the year 1954, and carried forward to 1955, was 136.

Speech Therapy

During the year 116 children suffering from various forms of speech disorder attended for speech therapy either at the Central Clinic or at Odsal Clinic. In addition, Miss Ayrton made fortnightly visits to Lister Lane School to give treatment to selected physically handicapped pupils. In all, attendances numbered 2,289. 86 patients were discharged during the year; 58 being completely adjusted, 13 improved and the remaining 15 making little or no improvement. This last figure included those children whose parents failed to arrange for their children to keep the necessary appointments.

Whilst most parents gave splendid co-operation and were genuinely appreciative of what the speech therapists tried to do, there remained the minority who ignored the special appointments reserved for their children. Health visitors and school attendance officers did their best to stimulate interest in these reluctant parents, but even where treatment began, interest waned when the first two or three weeks passed. The usual reason offered for non-attendance was that both parents were working full-time. Another reason offered was the belief that the child doesn't need treatment "Because he will grow out of it."

Children who repeatedly failed to attend were relegated to the bottom of the waiting list, which increased during the year. This increase was due to the wider use being made of the clinical facilities by head teachers, general practitioners, health visitors and others. Although children were referred for almost every known form of voice, language and speech disorder, articulative defects and stammers occupied most of the speech therapists' time. There was no evidence of a real increase of speech disorders in the area.

Lip Reading

Miss Foster's skilled instruction ended in July when she became a full-time member of the staff at the Royal Eye and Ear Hospital. In September Miss Walker, of Odsal Special School for Deaf Pupils, took over the class held at the Central Clinic each Monday from 4 p.m. to 5 p.m. The ten pupils were not deaf enough to require transfer to Odsal Special School; they came from primary, secondary modern and grammar schools. As there was a wide age range the class was divided into two sections. Part of the lesson was devoted to the study of individual sounds and their visual recognition in words; usually the hour ended with a short story and simple discussion, all using and watching deliberate whispers.

Pupils were discharged when their skill in visual lip-reading or hearing of standardised sound signals became satisfactory. One boy, who would not wear a portable hearing aid in his primary school because of self-consciousness, is still using it at this class.

Chiropody

During the year 238 children were treated at the Central Clinic by Mr. Dalby, who attended for three hours each Thursday afternoon, dealing with 18 appointments per session. Each patient came for four occasions on the average; the total number of visits was 921.

Approximately 80 per cent of the cases were verrucas; these were effectively treated by cautery. The underlying causes of the various defects was constantly sought; frequently the responsible factors were poor muscle tone, short tendons, short first metatarsal bone and knock knee.

Under-riding toes were corrected by padding and strapping; flat feet were referred to the physiotherapist; hallux valgus were rarely cured without surgery.

Child Guidance Clinic

The 103 cases examined were classified according to their main features as follows:—

Stealing	23
Aggressive behaviour problems	11
Evasive behaviour problems ..	10
School failure	21
Nervous habit disorders ..	6
Enuresis and soiling	12
Psycho-somatic..	8
Sexual	5
Miscellaneous	7

The numbers and sources of referral were much as usual showing that demands on the Clinic have become fairly stabilised since its establishment with Dr. Edelston as Psychiatrist and Director 14 years ago. Personal contacts were encouraged by inviting to case conferences interested school medical officers, head teachers and probation staff, whereby reciprocal understanding and mutual benefit were derived. It was found that the peak period for delinquent behaviour was at 13 years, and that a young person's future development for good or for evil might be determined by how he was handled at that critical time.

The 53 children who did not require regular treatment after diagnostic interviews were disposed of as follows:—

Transfer to Linton	14
Report to Education Department	7
Report to Court or Probation Officer ..	2
Recommendation to approved school ..	4
Advice to parents	6
Advice to head teachers	5
Remedial teaching	4
Observation by C.G. Clinic	5
Transfer to Educationally Sub-Normal School	4
Admission to children's homes	2

Linton Residential Special School for Delicate Pupils

Accommodation was provided for 60 boys and 60 girls; the Child Guidance Clinic being allocated 30 places for maladjusted children. During the year 66 children were admitted and 86 discharged.

The age range of children noted on 1st September, 1954, was:—

6 years	3
7	9
8	11
9	7
10	18
11	12
12	16
13	17
14	10
15	5
16	1

The staff comprised 8 teachers, 8 welfare assistants, 1 nurse and 1 secretary. Formal education was arranged in 6 classes, including 1 tutorial group of 15 very backward children. Loneliness was prevented by teachers and welfare assistants taking "Family" groups, by various clubs and other out-of-school activities. A generous patron gave a television set which proved a boon in winter evenings.

Dr. M. Langley completed 3 medical inspections, the longest being held when city schools were on vacation. Mr. Morrell made 2 dental inspections; part of the subsequent treatment had to be given at the Central Clinic. Dr. Wynn, of Addingham, visited regularly for domiciliary medical treatment and attended promptly whenever requested by telephone.

Lister Lane Special Day School for Physically Handicapped Pupils

Last year was the fortieth anniversary of the school's opening. Rickets and deformities associated with malnutrition are now much rarer than in 1914. Though defects are being ascertained earlier and provided with more comprehensive treatment the ideal of prevention is still far distant.

The 160 pupils were conveyed to and from school daily by 4 buses apart from a few outside cases using taxis. Their disabilities were due to infantile paralysis, cerebral palsy, osteomyelitis, Perthe's disease, talipes, spina bifida, surgical tuberculosis, cardiac disease and amputations. The Leeds artificial limb fitting centre gave invaluable service. Doubly incontinent cases had regular toilet assistance by a sympathetic attendant. This member of the school staff did not participate in the preparation or serving of meals. The out-of-date tippler waste water closets were converted to a modern type.

The regular nurse was enabled to give full-time attention to her charges in this special school, which relieved teachers of the responsibility of coping with medical emergencies. The two orthopaedic consultants who visited on alternate weeks were an effective link with hospital resources. The two physiotherapists gave extra care to post-operative patients and ensured that splints, callipers, etc., were kept correctly adjusted. Equipment in the remedial department included a centrosol ultra violet ray lamp.

The educational curriculum corresponded as closely as possible to that of an ordinary school despite the many necessary interruptions for treatment and re-examination. Pupils were graded into 7 classes where individual considerations often over-ruled compact age grouping. Speech therapy was given on alternate Friday afternoons to children affected by cerebral palsy.

The Organiser of the National Spastic Society visited the school, and afterwards stated that so much was being done here for our cerebral-palsied pupils there was not the need to start a Spastics' Centre in Bradford as in many other towns.

Baildon Residential Special School for Physically Handicapped Pupils

In this country mansion the nursing personnel comprised Matron, one sister, one staff-nurse, two nurses, two nursery assistants and one night nurse. They cared for an average number of 25 children who no longer required intern hospital treatment but were not fit for a day school. Most of the cases were cardiac complications of rheumatic fever; throughout the year the average number confined to bed was two, while four were allowed up half days.

Medical attention was given by Dr. R. L. Langley, consultant paediatrician, whose home is nearby, and Dr. R. Woodhead, School Medical Officer. Regular classes were taken by two teachers; various out-of-school activities were supervised by nurses whose encouragement of musical talent was evident at several happy parties.

The Local Education Authority allowed 4 of the 29 places to outside patients; negotiations were usually through the West Riding Education Authority at Wakefield.

Two Bradford children are mentioned as illustrating the usefulness of this establishment. Diane, on entry to an infant day school, was found to have a congenital dislocation of hip; she was referred to hospital, treated by plaster splints and discharged home. Later the writer saw her in bed in a dark corner of the living room having no education, the trunk and both lower limbs immobilised in frog position. The parents readily consented to her being transferred to Baildon Residential School where the orthopaedic surgeon kindly visited. In due course he completed osteotomy operations. The girl now walks well and is fit for Lister Lane Day School.

Sylvia had been the despair of all concerned except herself and mother. The excuse for chronic absence from school was that going out made her feet swell and she fretted. After much persuasions she was admitted to Baildon, where a sane regime with graduated exercises cured her oedema, apathy and illiteracy.

Margaret McMillan Special School for Educationally Sub-Normal Pupils

The number of pupils on roll increased from 208 to 219; average attendance was 178; 33 left, mostly after their sixteenth birthday.

Practical handicrafts were featured for their own sakes and as a means of stimulating an interest in reading whereby written directions at least would be used. Despite unsettling staff changes a uniform reading scheme was introduced, namely Schonell's "Happy Venture" series of textbooks, followed by "Wide Range Readers"; encouraging progress was made, even among persistent illiterates. As usual, gardening occupied a prominent place in the curriculum, resulting in a comprehensive range of products being displayed at the annual exhibition. Outstanding social activities were excursions to Bridlington in fine weather, Christmas parties and the Annual Concert, where all age groups participated in a Choral Nativity Scene and sang carols.

Educationally sub-normal boys from unsatisfactory homes were recommended residence in Thorngarth Hostel, which had a full complement of 32, aged 9 to 16 years. Mr. and Mrs. Capes became Master and Matron in September, but still lack a full domestic staff. A major advance in raising the boys' morale was the provision of clothes by the Authority. Regular pocket money was also provided, sufficient for sweets, cinema, letters to parents and haircuts. A donkey was given, the Master obtained a goat, rabbits, mice and hamsters as pets. A pig and a lamb may materialise in the near future.

On the last parents' visiting day Mr. and Mrs. Piper of the resident staff successfully presented an amusing dramatic entertainment.

The boys worship at Idle Parish Church each Sunday. The Youth Club of this Church was a generous benefactor throughout the year. Its members supplied large quantities of fruit, donated £8, took the boys to the pantomime and gave them a very happy party visited by Father Christmas.

Odsal Special Day School for Deaf Pupils

The number on roll continued to be 100, the maximum permitted until extra accommodation is approved; a considerable number came from outside areas as related last year; 7 children were admitted at the age of 2 and made all round progress. The six classes of totally deaf pupils worked quite apart from the 4 partially deaf classes to give each child the best conditions. The staff consisted of 10 teachers and a qualified nursery assistant. In September a Domestic Science teacher started full-time duties; her subjects were so popular with both boys and girls that several are considering taking up bakery or catering as a career. Since a kitchen was established during July the midday meal has greatly improved, being served direct from the ovens. The premises were decorated throughout and considerable structural alterations completed. There is now an up-to-date nursery with adjoining cloakroom and a flagged outdoor playground. The favourite innovation for older girls was the new housecraft section; three small rooms have been adapted, equipped with modern facilities and attractively finished.

Cases of otorrhoea had daily attention; treatment at the Royal Eye and Ear Hospital was readily available whenever required. The children's general health remained satisfactory.

Two partially deaf girls passed selection tests for Bradford grammar schools where they are now holding their own creditably.

At a garden party each class contributed an item of entertainment on the lawn. Visits were paid to Knaresborough and Haddon Hall. Twelve senior pupils spent Whitsuntide hostelling in Scotland accompanied by teachers. In June, 25 children stopped a week at Aysgarth Youth Hostel and enjoyed some interesting field work. The Scout Troop flourished; members of the Youth Club gained eight certificates in First Aid.

Students of Manchester University, training to become teachers of the deaf, had practice in the school continuously.

Temple Bank Special School for Partially Sighted Pupils

The average number on roll during the year was 77; 3 were admitted and 12 discharged.

1 child was transferred to an epileptic colony
1 child was transferred to a private school
3 children were transferred to normal schools
5 children were discharged at 15 years of age
2 children were discharged at 16 years of age.

Of the 7 leavers: 4 girls found employment as grocery assistants (2), clerk (1) and nursemaid (1); 3 boys became apprentices in a foundry (1), a spinning mill (1), and a market garden (1).

All the pupils had a periodic medical examination during November. Mr. Benson, Ophthalmic Surgeon, visited the school on 6 occasions and examined all the eyes. Several children nominated by the headmaster had intelligence tests by the Educational Psychologist.

A competitive House System was started, marks being awarded to the 3 Houses according to increased effort by their members. Groups of pupils went to places of interest, including York, a farm in Gilstead and St. George's Concert Hall.

The school had eight visits from groups of students; some were teachers in training, others were nurses on a Health Visitors' course; one intending art teacher stopped two weeks during September.

Severe frost caused three bursts in the lavatories: in future this risk should be lessened as a hot water supply to the wash bowls was fitted during 1954.

School Dental Clinic

H. V. Morrell, L.D.S., R.F.P.S. (Glas.)

The School Dental Service has made good progress in Bradford during 1954.

We were successful in obtaining three more dental officers during the year, the establishment is now the highest since the service commenced. This is a very satisfactory state of affairs having regard to the general shortage of school dental surgeons throughout the country.

The new clinic at Odsal was opened in 1953; since March 1954 one dental officer has been fully employed there, and this clinic has been much appreciated as patients in that district can make appointments and receive treatment without having to come into the city. We can look forward to a long period of usefulness for this modern and well equipped centre.

An orthodontic clinic at Edmund Street was commenced in June for the correction of irregularities of the teeth in selected cases; there has been a steady demand for regulation treatment.

The increase in the number of children accepting treatment at the Central Clinic, together with the greater concentration on the saving of permanent teeth, and the keen interest taken by the parents in this, the most important part of dental work, has resulted in a lengthening of time spent on appointments.

When children attend the clinic regularly and are inspected at ntervals of not more than a year, the dental defects found will be reduced to a minimum; in the case of permanent teeth they will be of a type that can be rectified without extraction.

If the period between successive inspections increases much beyond twelve months, there is a possibility of defects progressing to the stage where extraction becomes the only possible treatment. Small defects can be treated by filling much more pleasantly when tackled in the early stages.

The officers report that there is still a lack in oral hygiene and that n some cases the conservative treatment given in previous years is wasted through lack of care.

An Oral Hygienist was appointed in March; her duties included scaling, cleaning and polishing teeth; also short talks to the children on oral hygiene. Unfortunately she resigned her appointment in November.

With more sessions at our disposal there has been a large increase in the number of fillings completed in permanent teeth; the following table gives a brief summary of the work done by the dental officers during the year:—

No. of children inspected		26,862
No. of children found to require treatment		17,125
No. of children referred for treatment		12,967
No. of children actually treated		10,302
No. of fillings completed		4,375
No. of teeth extracted (permanent)	4,433	19,510
(temporary)	15,077	
No. of general anaesthetics administered		10,277
No. of other operations		1,104
No. of attendances for treatment		15,686

An important feature of the work is the large number of grammar school children who have been treated at the clinic; as in previous years many of these scholars who are leaving school presented themselves at the clinic desiring certificates of dental fitness before entering the Civil Service, Training Colleges, etc.

Mr. Metcalfe at Odsal Clinic reports:—

During 1954, a total of 4,225 children in neighbouring schools were examined, of whom 1,732 were found to require treatment; 550 of these stated that they had previously received treatment from private practitioners and so were referred to their own dentists; the remaining 1,182 being referred for treatment at the Odsal Clinic.

Emphasis has been laid throughout on preventive treatment. This has been achieved in two ways:—

(*a*) A statement of general oral hygiene addressed to meetings of the Parent–Teacher' Associations.

(*b*) Detailed instructions to children and parents at the clinic.

Although the Dental Department has been open for little more than ne year, the results of this policy are already apparent and a marked mprovement has been noted in the care of the teeth in this district. brief summary of the work done at this clinic shows that 1,436 filngs were completed, 274 permanent teeth and 232 temporary teeth xtracted. General anaesthetics numbered 76; the remaining cases were reated under local anaesthesia. Other operations 177. Mention must e made of the splendid co-operation which has been received at each chool visited; and also the work of the dental attendant to whom redit is due for the exceptionally smooth running of the appointment ystem.

As far as the premises are concerned, a valuable addition has been ne construction of a door from the recovery room, which has proved ost helpful, particularly during sessions of general anaesthetics.

Finally, it has been gratifying to note the many expressions of easure by parents of local children at the convenience of a dental partment in this area of Bradford.

Orthodontic Report

F. G. Parker, b.ch.d., l.d.s.
C. D. Parker, b.ch.d., l.d.s.

A Bradford School Health Service Orthodontic Clinic was instituted June 25th, 1954, operated jointly by Education and Health Dental fficers to deal with cases referred from the Central School Clinic. nce the treatments and period of observation are lengthy, and a high gree of co-operation is necessary from patients and parents, the mbers treated are necessarily small.

Each case has to be rendered orally fit before active treatment can commenced; this necessitates instruction in oral hygiene, conservaon of carious teeth and extraction wherever necessary. In the majority cases a definite improvement has occurred, the full effects of which nnot be estimated for many years.

A review of the type of work carried out is given in tabulated form below.

Number of patients commencing treatment	Active Treatment completed	Treatment terminated because patients did not co-operate	No. of Fillings	No. of Extractions	No. of Appliances
20	4	2	35	17	24

Appendix

Medical Inspection Returns

TABLE I.

Medical Inspection of Pupils attending Maintained Primary an Secondary Schools (including Special Schools)

A. *Periodic Medical Inspections*

Number of inspections in the prescribed groups:-

Entrants	5,154
Second age group	3,859
Third age group	1,941
Total ..	10,954
Number of other periodic inspections	6,766
Grand total ..	17,720

B. *Other Inspections.*

Number of special inspections ..	4,573
Number of re-inspections	2,637
Total ..	7,210

C. *Pupils found to Require Treatment.*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA.	Total individual pupils
Entrants	38	1,061	1,076
Second age group	253	702	898
Third age group	131	297	404
Total (prescribed groups) ..	422	2,060	2,378
Other periodic inspections ..	378	990	1,296
Grand total	800	3,050	3,674

TABLE II.

A. Return of Defects found by Medical Inspections during the Year.

Defect Code No.	Defect or disease	Periodic Inspections No. of defects: Requiring treatment	Periodic Inspections No. of defects: Requiring to be kept under observation but not requiring treatment	Special Inspections No. of defects: Requiring treatment	Special Inspections No. of defects: Requiring to be kept under observation but not requiring treatment
4.	Skin	623	525	519	51
5.	Eyes—(*a*) Vision	800	1,268	285	186
	(*b*) Squint	149	293	53	29
	(*c*) Other	106	66	132	11
6.	Ears—(*a*) Hearing	98	84	41	20
	(*b*) Otitis media	78	173	5	2
	(*c*) Other	41	65	139	12
7.	Nose and throat	634	1,313	335	127
8.	Speech	78	92	47	5
9.	Cervical glands	30	518	21	14
10.	Heart and circulation	175	358	91	32
11.	Lungs	213	378	179	106
12.	Developmental				
	(*a*) Hernia	13	28	—	1
	(*b*) Other	57	174	4	1
13.	Orthopaedic				
	(*a*) Posture	394	233	35	19
	(*b*) Flat-foot	253	80	43	13
	(*c*) Other	213	527	66	33
14.	Nervous system				
	(*a*) Epilepsy	7	14	7	5
	(*b*) Other	131	107	88	29
15.	Psychological				
	(*a*) Development	17	31	78	73
	(*b*) Stability	27	41	38	25
16.	Other	138	101	897	217

B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age groups	Number of pupils Inspected	A. (good) No.	A. (good) % of Col. 2	B. (fair) No.	B. (fair) % of Col. 2	C. (poor) No.	C. (poor) % of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5,154	2,996	58·2	2,116	41·0	42	0·8
Second age group	3,859	2,311	59·9	1,529	39·6	19	0·5
Third age group	1,941	1,170	60·3	764	29·4	7	0·3
Other periodic inspections	6,766	4,647	68·7	2,113	31·2	6	0·1
Total	17,720	11,124	62·8	6,522	36·8	74	0·4

TABLE III.

Infestation with Vermin.

i.	Total number of examinations in the schools by the school nurses or other authorised persons	148,408
ii.	Total number of individual pupils found to be infested . .	4,074
iii.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
iv.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group I.—*Diseases of the Skin* (*excluding uncleanliness, for which see Table III*).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm— (i) Scalp	—	—
(ii) Body	—	—
Scabies	2	—
Impetigo	105	—
Other skin diseases	1,250	—
Total . .	1,357	—

Group II.—*Eye Diseases, Defective Vision and Squint*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other (excluding errors of refraction and squint)	393	22
Errors of refraction (including squint)	547*	1,329
Total . .	940	1,351
Number of pupils for whom spectacles were:-		
(*a*) Prescribed	288*	982
(*b*) Obtained	211*	713

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* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group III.—*Diseases and Defects of Ear, Nose and Throat.*

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment:–		
(*a*) for diseases of the ear	—	123
(*b*) for adenoids and chronic tonsilitis	—	1,860
(*c*) for other nose and throat conditions ..	—	214
Received other forms of treatment	533	—
Total ..	533	2,197

Group IV.—*Orthopaedic and Postural Defects*

(*a*) Number treated as in-patients in hospitals	36	
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	By the Authority 101	Otherwise —

Group V.—*Child Guidance Treatment*

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewere
Number of pupils treated at Child Guidance Clinics	114	—

Group VI.—*Speech Therapy*

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by speech therapists	200	—

Group VII.—*Other Treatment given*

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments	2,031	—
(*b*) Other:-		
1. Other defects and diseases	1,554	—
2. Chiropody	236	—
Total ..	3,821	—

TABLE V.

Dental Inspection and Treatment carried out by the Authority

1.	Number of pupils inspected by the Authority's dental officers:-	
	(*a*) At periodic inspections	19,649
	(*b*) As specials	7,213
	Total ..	26,862
2.	Number found to require treatment	18,215
3.	Number offered for treatment	12,967
4.	Number actually treated	10,302
5.	Attendances made by pupils for treatment ..	15,686
6.	Half-days devoted to:- Inspection	198
	Treatment	2,007
	Total ..	2,205
7.	Fillings:- Permanent teeth	4,348
	Temporary teeth	27
	Total ..	4,375
8.	Number of Teeth filled:- Permanent teeth ..	3,703
	Temporary teeth ..	24
	Total ..	3,727
9.	Extractions:- Permanent teeth	4,433
	Temporary teeth	15,077
	Total ..	19,510
10.	Administration of general anaesthetics for extraction	10,277
11.	Other operations:- Permanent teeth	1,080
	Temporary teeth	24
	Total ..	1,104

Section 6

Mental Welfare

ADMINISTRATION

WORK UNDERTAKEN IN THE COMMUNITY

Mental Welfare

(*Section* 51, *National Health Service Act,* 1946)

H. V. BURKE, D.P.A., A.C.C.S., *Mental Welfare Officer*

Administration

(*a*) *Constitution and Meetings of Committee*

The Service is administered by a Mental Health Sub-Committee of the Health Committee comprising twelve elected members of the Council and three co-opted members. Monthly meetings are held.

(*b*) *Staff Employed in the Mental Health Service*

Medical Officer for Mental Health (vacant)
Mental Welfare Officer
Four Duly Authorised Officers
One Psychiatric Social Worker (vacant)
One Mental Deficiency Social Worker
One Occupation Centre Supervisor
Seven Assistant Occupation Centre Supervisors
One Industrial Centre Instructor
Two Industrial Centre Assistant Instructors
Clerical Staff (two)

(*c*) *Co-ordination with Regional Hospital Board and the Hospital Management Committees*

There has been close co-operation with the local hospital management committees and kindred bodies. The question of better facilities, particularly in respect of "observation" (Section 20) accommodation for persons suffering mental illness, has again been taken up at Regional Hospital Board level, and it is hoped that such adequate facilities will be made available locally.

(*d*) *Duties Delegated to Voluntary Associations*

No duties are delegated to voluntary associations. A grant is made by the Council to the National Association for Mental Health and to the local Marriage Guidance Council.

(*e*) *Training of Mental Health Workers*

Students for the "Diploma" Course for Occupation Centre Supervisors promoted by the National Association for Mental Health have continued to attend our Occupation and Industrial Centres for practical training.

The training of Mental Health Workers is at present being considered by a special sub-committee of the National Association for Mental Health (Northern Branch) in conjunction with the Department of Extra-Mural Studies (University of Leeds), and the Mental Welfare Officer is a member of this sub-committee.

Work Undertaken in the Community, etc.

(*a*) *Prevention, Care and After-care*

Of all the work in the field of mental health that of prevention, care and after-care is no doubt the greatest in potential but, generally speaking, comparatively small in practice or fulfilment.

It is perhaps a pity that the delegation of these duties under the National Health Service Act, 1946, is only of a permissive nature. The work of prevention of mental ill-health generally throughout the country is infinitesimal compared with the need for it, and more or less similar remarks apply to the amount of work in the field of after-care of the mentally ill. When one considers in respect of treatment in mental hospitals that the "recurrence rate" (i.e. re-admissions to mental hospitals) is somewhere about $66\frac{2}{3}$ per cent of the discharges, or, put in another way, is about 50 per cent of all admissions—the potential of domiciliary work in this field of "after-care" looms large indeed.

The organisation of a full and adequate community care service, based on the full psychiatric team principle, presents little or no difficulty, so that one might ask what it is which prevents us from providing such a service. The answer might be two-fold—firstly, the local health authority can say there has been no firm directive under the National Health Service Act from the central government, and secondly, especially in the absence of any such directive, the heavy cost of such a service. It is still more complicated when one considers that the duties of prevention, care and after-care are not clearly the sole responsibility of the local health authorities.

As stated by the Chief Medical Officer of the Ministry of Health in his Report for 1953, for some years the total admissions to mental hospitals throughout the country have risen each year, although there has been a steady fall in the proportion of first to total admissions; that is to say, more and more patients relapse.

We can only pose the question: "Is this a reflection on the inadequacy of after-care services?"

Of 371 patients discharged from mental hospitals to their homes in this city during 1954, only 14 were referred to the local health authority Mental Health Service for "after-care." Yet of this total number it is safe to say that about 120 will again come to our notice as persons of unsound mind.

Dr. Querido, Professor of Social Medicine, Amsterdam University, and former Director of the Public Health Department of that city, who has made remarkable claims as to the success of treating the mentally ill in their own homes instead of mental hospitals, has said that their routine of seeing and treating the patient in the surroundings under which the conflict first showed itself had changed their concept of psychiatry: the circumstances became as much a part of the general picture as the symptoms and behaviour of the patient himself . . . and it seemed less important to determine how the patient ought to be labelled clinically than to find out about the intensity of stress that existed between the patient and his environment.

In this community care set-up of one city, however, the Department employed no less than 10 psychiatrists and 20 social workers, supported, be it added, by such material aids as sheltered workshops, foster homes, and, not least important, funds for the provision of the temporary needs of the patient.

There is little doubt that removal to mental hospital causes, generally, some distress to both patient and relatives, and the case for adequate domiciliary care and facilities is a strong one. It is not likely to be achieved so long as the present system under the National Health Service Act provides for the local health authority to foot the bill for domiciliary care and the central government for hospital care, let alone such questions as the dearth of psychiatrists and psychiatric social workers, who are almost incapable of recruitment by the average local authority.

Despite all this, we look forward to still closer liaison with the Regional Hospital Board and Hospital Management Committee concerned with a view to adequate facilities for "observation" of menta cases in local hospitals.

In regard to our own efforts in this field during the year under review the duly authorised officers paid some 301 visits, as compared with ove

,000 visits in respect of investigation and removal of persons of unsound nind.

Repeated efforts to obtain the services of a psychiatric social worker ave been abortive. Consultations have taken place with officers of the Regional Hospital Board in regard to the question of joining forces in he field of care and after-care.

The psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary continue to hold weekly sessions, and some 33 patients were admitted direct to mental hospital for treatment rom these clinics.

5) *Under the Lunacy and Mental Treatment Acts*

Again there has been an increase in the number of persons dealt with nder the Lunacy and Mental Treatment Acts during the year; total dmissions to mental hospitals being 560 as against 510 last year.

Table 1 indicates the number of patients admitted to mental hospitals nder the Lunacy and Mental Treatment Acts by the Mental Health ervice during the year, whilst Table 2 gives a summary of all patients dmitted to mental hospitals both by the Mental Health Service and rough the psychiatric out-patient clinics, and includes also the umber of cases investigated by the Mental Health Service, but not dmitted to mental hospitals.

It will be seen from the statistics supplied that the total number of ases dealt with during the year was 792 and that of this number 560 ere admitted to mental hospital. The number of re-admissions (i.e. rsons who had previously had in-patient treatment) numbered 192, ade up of 86 males and 106 females. This gives a recurrence rate of arly 40 per cent on last year's admissions. It is gratifying to note at more than one third of the total admissions were by way of Sec-n 1 of the Mental Treatment Act, i.e. Voluntary Patients. At the me time it is to be noted that 99 of the cases admitted were over years of age, of whom 42 became voluntary patients.

TABLE 1

NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1ST JANUARY 1954 TO 31ST DECEMBER 1954 UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Males	Females	Total	Over 70 years of age	Died prior to further action	Discharged prior to further action	Certified under Section 16 Lunacy Act 1890	Other Disposals	
								Section 1 M.T.A. (Voluntary)	Section 5 M.T.A. (Temporary)
Lunacy Act, 1890									
Order of Duly Authorised Officers (3 days—Section 20) ..	72	30	102	38	11	12	43	36	—
Section 11 (Urgency Orders) ..	—	—	—	—	—	—	—	—	—
Section 21 (Justices 14 Day Order)	19	33	52	21	6	3	17	26	—
Section 16 (Certification) ..	87	96	183	36	—	—	183	—	—
	178	158	337	95	17	15	243	62	—
Mental Treatment Act, 1930									
Section 1 (Voluntary)	45	40	85	4	—	—	—	85	—
Section 5 (Temporary)	1	4	5	—	—	—	—	—	5
	46	44	90	4	—	—	—	85	5
TOTAL Lunacy and Mental Treatment Acts	224	203	427	99	17	15	243	147	5

ABLE 2 *Summary of all Cases dealt with in the City*

By Mental Health Service and admitted to mental hospitals		427
Cases investigated and treated as "abortive"		232
Admitted direct to mental hospitals through psychiatric clinics at St. Luke's Hospital and Bradford Royal Infirmary		133
Total		792
Number of persons re-admitted to mental hospitals having previously had in-patient treatment	Males 86 Females 106	192
Visits by duly authorised officers to cases dealt with under the Lunacy and Mental Treatment Acts		4,449
Visits by duly authorised officers under the provisions of Care and After-care		301

) *Under the Mental Deficiency Acts*, 1913–1938

(i) *Guardianship and Supervision*

Table 3 shows the number of defectives reported and dealt with uring the year and is in the form of the annual return made to the inistry of Health.

During the year some 3,196 visits were made to the homes of mental efectives.

The employment situation has been such that many defectives who ight be considered borderline employables have been able to follow infful employment more or less continuously.

Case Histories

Details of one or two cases dealt with under the terms of the Lunacy d of the Mental Deficiency Acts are given as sample problems in this ld of the work.

Mental Deficiency Case No 1

This man, aged 33 years, was before the Court in October 1952 and und guilty on a charge of indecent assault. He is an immature type man, physically, mentally and emotionally. He is illiterate, possesses poor degree of general knowledge, and is lacking in wisdom, judge-ent and foresight. He had never been able to hold a job for longer an a few weeks at a time.

On medical evidence before the Court he was found to be a mental defective of feeble minded grade and placed under the guardianship of the Mental Welfare Officer under the provisions of Section 8 of the Mental Deficiency Act, 1912.

He was placed in clean, respectable lodgings far removed from the unhealthy environment of the sordid boarding house he had formally lived in, work was obtained for him and, because of his illiteracy, his financial transactions were supervised very closely by us.

For about nine months steady progress was made; he attended his work regularly, kept himself respectable in appearance and accumulated some savings.

In July 1953 he formed a friendship with a woman some 16 years older than himself who had an illegitimate child of 11 years of age whose father, aged 70 years, was cohabiting with the woman. Despite prolonged efforts to point out to the patient the apparent folly of this friendship, he took up residence with the woman and shared the one bedroom with the other three people mentioned.

This woman then objected to the patient being visited by an officer of the Mental Health Service, and stated that she and the patient intended to get married. The problems she would have to face if this marriage took place were pointed out to her, but all to no avail, and in the result over a protracted period of effort on our part, the Guardianship Order was discharged in October 1953 and the patient was married on Christmas Eve 1953.

As visits to the house were no longer permitted by the wife, nothing further was heard of the patient until February 1954, when the woman herself complained to us that her husband had started to drink heavily, assaulted her frequently, and refused to work. The home was visited and it was obvious that the situation had developed on the lines feared; the patient had given up his job, frittered away his savings, and there was great friction between the three adults in the house. The police were often called in to quell disturbances.

Eventually the patient informed us that his wife had applied for a separation order on the grounds of his failure to maintain her and of persistent cruelty. The Court awarded her a separation order and one shilling a week maintenance.

Within a few days of the order being made, accommodation was found for the patient; he was placed in employment again and we have again taken over the management of his affairs generally, but this time on a more voluntary basis of supervision.

Mental Illness Case No. 2

This man of 30 years is an epileptic and has been in mental hospitals on many occasions. He is also very well known in the local general hospitals to which he has been taken after having had fits in the streets, at work and at home.

Because of his fits he has had countless jobs, sometimes disclosing his affliction and at other times, when desperate for work, he has kept it a secret, hoping that he would not have a fit at work. He has always given satisfaction to his employers, being a good, consciencious worker, and when discharged because of the effect of his fits on the other workers, or because of his employers' fears for his own safety, he has always found other employment quickly.

At times when he has had fits at home he has been violent towards his wife, and despite the efforts made by hospital almoners, probation officers and duly authorised officers to obviate it, his wife has obtained a separation order against him on the grounds of persistent cruelty. The wife and two children left the home and went to live with a friend nearby.

As the patient was the tenant of a large-type Council house, his wife claimed that she required this type of accommodation more than he did, and eventually the Council granted the patient a one-bedroomed cottage and allowed his wife to take over the larger house.

Patient had only recently been discharged from a mental hospital and was unemployed and quite unable to furnish this cottage with the necessities required, and as he was adamant in his wish to leave as many household goods as possible for his family, (he particularly did not want his children to suffer,) he was advised to take only as much as he required immediately for his own use.

One of the duly authorised officers then obtained various pieces of furniture from the local branch of the W.V.S., clean sterilised bedding from the Disinfecting Station, and assisted the patient in making a claim from one of his regimental associations. The grant eventually received from this source was spent on various types of household furnishings, including sheets, blankets, towels, etc.

At the present time patient is employed as a porter by a sympathetic hotel manager who is aware of his epilepsy.

This is the type of case needing "after-care," involving much effort and endless hours of time.

Mental Illness Case No. 3

This is the case of a single woman of 45 years who lives alone and has been found to be suffering from involutional psychosis. She is small in stature, frail, and anaemic.

During the last few years she has become well known to the police, mainly because of her habit of wandering abroad in her night attire in the early hours of the morning, and on one occasion in 1953 she was put on probation after being before the Court on a charge of attempting to stab a policeman.

Despite her rather erratic behaviour and repeated notification to us as a person of unsound mind, she has never been found to be "certifiable." She appears to spend much of her time planning how she can come into contact with the police without actually breaking the law. During the many visits paid by officers of this Service, almost her only voluntary topic of conversation has been about the police, criminals, etc.

Among the occasions when the police have called in the assistance of this Service have been the following:—

(*a*) When found wandering in her night attire and carrying an offensive weapon (stated to be for her own protection).

(*b*) After reporting to the police that she has seen someone tumble a body over a wall at 3 a.m.

(*c*) After taking an overdose of pheno-barbitone tablets.

(*d*) After appearing before the Court on a charge of drunkenness.

Besides providing an outlet for her romantic stories and relieving the monotony of her solitary, friendless existence, the visits by officers of this Service have discovered her need for material comforts, and after a long period of illness a holiday at the Council's Semon Convalescent Home, Ilkley, was arranged. Provision of such things as coal, bedding and clothing has been possible with the co-operation of various agencies, including the National Assistance Board. At the moment efforts are being made to find the woman more suitable accommodation, and close supervision on a voluntary basis is being afforded.

Case No. 4

This is the case of a defective aged 55 years who, though unemployable, lives alone. He is in receipt of a weekly allowance from the National Assistance Board. This is the sort of case which needs close supervision if he is to be allowed to remain in the community and frequent visits are paid.

He was recently re-clothed through the good offices of the local Women's Voluntary Service.

Case No. 5

Tragedy was the keynote of the case of this baby. He was the second child of healthy parents and was notified as something approaching a monster. He was born with signs of oxycephaly and had several other congenital malformations, for instance, webbing and displacement of metacarpals and metatarsals, a high arched palate, a spina bifida, and there was a systolic murmur heard over the whole precordium.

The mother was in a highly nervous condition and it was essential that the baby be admitted to hospital care to alleviate great emotional strain in the home. Due to the child's tender age it was considered undesirable to seek ascertainment under the Mental Deficiency Acts, and efforts were made to admit him to a special ward in a Bradford hospital: the child died, however, before this was accomplished.

Case No. 6

This is a case of a sister and brother ascertained as feeble-minded persons. The sister was in the care of the Children's Officer until she attained the age of 18 years, and both she and the brother attended McMillan Special School. The parents are divorced and the mother is somewhat lax in the care and control of the children.

The sister gave birth to an illegitimate daughter in November 1953, and it is considered that she requires strict supervision for her moral welfare, and also to keep her in employment.

The brother proved incapable of keeping any form of employment, and was eventually before the Court on a charge of indecent assault, whence he was admitted under the provisions of Section 8 of the Mental Deficiency Act, 1913, to a hospital for mental defectives.

It has been necessary to spend a great deal of time and effort on this family. It was found that the mother was to appear before the Court for non-payment of rent to the Corporation, and we now keep an eye on the position with regard to the arrears. On occasion the mother has been accompanied to the Rent Office, and we keep in touch with that Office in an endeavour to avoid an eviction order being carried out.

Case No. 7

This defective of feeble-minded grade was notified to us in August 1952. She attended an elementary school, leaving at the age of 15 years, but was unable to read or write. She resided with her widowed mother, and on leaving school had many places of employment, never staying for long in any one place.

She was placed under Voluntary Supervision and became a considerable source of worry to her mother by her laziness, moral waywardness, and inability to keep employment.

In spite of intensive supervision her conduct did not improve, and she was found to be in grave moral danger by associating indiscriminately with coloured men. She ran away from home and was eventually found to be living in a house occupied by Pakistanis, and she was removed to a "place of safety" under the provisions of Section 15 of the 1913 Act.

(ii) *Occupational and Industrial Centres*

During the year the number in attendance at the Occupation Centre rose from 117 to 122; and 9 boys were transferred to the Industrial Centre for male adults where there are some 40 patients in attendance.

The syllabus of the Occupation Centre included sense-training, speech-training, physical training, rhythmic exercises, dancing, percussion band, singing, indoor and outdoor games, habit training, handwork, domestic training, mending and darning for senior pupils.

The children had regular medical and dental inspection and treatment.

Open Days were arranged for parents, when the children gave demonstrations of their activities, and there was a display and sale of handwork.

The Parents and Teachers' Association held monthly meetings, and from their funds presents were distributed to each child at Christmas.

In June a coach trip to Filey was arranged. For many of the children a visit to the seaside was a new experience. The children in the Nursery Group stayed at the Centre and had an afternoon party and a gift was presented to each child. The expenses were paid from funds of the Parent–Teachers' Association.

Facilities for the practical training of students for the "Diploma Course" for Supervisors of Occupation Centres, promoted by the National Association for Mental Health, have been continued.

Tours of inspection of the Centre by representatives of other local authorities, as well as of various voluntary and other bodies, were a feature of the year.

In addition staff from other local authorities' centres attended for observation of the day-to-day routine of the Centres.

Patients in the Industrial Centre have turned out some good work during the year, particularly in the fashion of woodwork and carpets.

(iii) *Evening Club*

The Evening Club continued to be held on one evening a week for male adolescent defectives.

(iv) *Ambulance Service*

Of the total of 427 patients removed during the year 1954 to mental hospitals, 425 were conveyed by ambulance and other transport of the Health Department.

TABLE 3

MENTAL DEFICIENCY ACTS, 1913-1938

	During 1954				Total cases on Authority's registers as at 1.1.1955			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. *Particulars of cases reported during* 1953								
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	5	9	—	—	—	—	—	—
(2) On leaving special schools ..	—	1	16	12	—	—	—	—
(3) On leaving ordinary schools ..	—	—	—	—	—	—	—	—
(ii) Police or by Courts	1	—	—	1	—	—	—	—
(iii) Other sources	5	1	2	3	—	—	—	—
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	3	2	9	1	—	—	—	—
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	—	—	—	—	—	—	—	—
Total number of cases reported during the year	14	13	27	17	—	—	—	—
2. *Disposal of cases*								
(*a*) Of the cases ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Statutory Supervision	10	11	18	14	69	57	196	169
*(ii) Placed under Guardianship ..	—	—	—	—	—	—	3	2
(iii) Taken to "Places of Safety" ..	—	—	—	—	—	1	—	—
(iv) Admitted to Hospitals	1	—	—	2	32	19	207	151
(*b*) of the cases not ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Voluntary Supervision	—	2	8	1	—	1	41	23
(ii) Action unnecessary	3	—	1	—	—	—	—	—
Total of Item 2	14	13	27	17	101	78	447	345

*The number of defectives under Guardianship on 1st January 1955 who were dealt with under the provisions of Section 8 or 9 was: Males 0; Females 0.

3. *Classification of defectives in the Community on* 1.1.54

	During 1954				Total cases on Authority's registers as at 1.1.1955			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
(*a*) Cases included in item 2(a) (i) to (iii) above in need of institutional care:								
(1) In urgent need of institutional care:								
(i) "cot and chair" cases	—	—	—	—	3	3	—	—
(ii) ambulant low grade cases . .	—	—	—	—	—	2	—	—
(iii) medium grade cases	—	—	—	—	3	—	2	—
(iv) high grade cases	—	—	—	—	—	—	3	—
(2) Not in urgent need of institutional care:								
(i) "cot and chair" cases	—	—	—	—	—	2	—	—
(ii) ambulant low grade cases . .	—	—	—	—	1	1	—	—
(iii) medium grade cases	—	—	—	—	2	—	—	—
(iv) high grade cases	—	—	—	—	—	—	3	—
Total of item 3(*a*)	—	—	—	—	9	8	5	—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(*b*) of the cases included in items 2(*a*) (i) and (ii) and 2(*b*) (i) overleaf, number considered suitable for:				
(i) occupation centre	49	47	1	18
(ii) industrial centre	8	—	24	17
(iii) home training	—	—	5	2
Total of item 3(*b*)	57	47	30	37
(*c*) Of the cases included in item 3(*b*) number receiving training on 1.1.54:				
(i) in occupation centre	48	46	1	18
(ii) in industrial centre	8	—	24	—
(iii) at home	—	—	3	1
Total of item 3(*c*)	56	46	28	19

4. Number of Mental Defectives who were in Hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954.

	M.	F.	Total
(*a*) Ceased to be under care	10	4	14
(*b*) Died, removed from area, or lost sight of . .	16	4	20
Totals . .	26	8	34

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(*a*) Number who have given birth to children while unmarried during 1954. .4

	Males	Females
(*b*) Number who have married during 1954.	3	1

Section 7

Prevention of Illness, Care and After-care

HOME NURSING EQUIPMENT
CONVALESCENT HOME TREATMENT
FREE MILK—TUBERCULOUS PERSONS
HOME NURSING
DOMESTIC HELP
HEALTH EDUCATION
ACCIDENTS IN THE HOME

Prevention of Illness, Care and After-Care

(*Section* 28, *National Health Service Act*, 1946)

S. Howard, M.B., CH.B.,

Senior Medical Officer for Care and After-care Services

Tuberculosis—*see Section* 2

Venereal Diseases—*see Section* 2

Home Nursing Equipment

The number of applications received during the year for the loan of home nursing equipment was again considerably higher than the number received during the previous year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last five years:

Year	Number of Applications	Number of articles loaned
1950	312	416
1951	825	1,223
1952	994	1,417
1953	1,017	1,620
1954	1,240	1,905

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

Source	Number
Doctors	982
Almoners	109
Midwives	62
Health Visitors ..	43
District Nurses ..	27
Chest Clinic	11
Pinderfields Hospital	4
Health Department..	2
Total ..	1,240

The following table shows the type and number of articles loaned during the year:

Type of Article	Number
Air Rings	367
Bed Blocks	1 pair
Bed Cages	47
Bed Pans	442
Bed Rests	192
Bedsteads	25
Bed Tables	12
Commodes	7
Crutches	18 pairs
Diabetic Scales ..	5
Feeding Cups ..	8
Fracture Boards ..	5 sets
Invalid Chairs ..	74
Mattresses	15
Pole and Chain ..	12
Rubber Sheets ..	442
Sputum Mugs ..	2
Urinals	139
Total ..	1,813

In addition to the above, the following bedding has been loaned during the year; mainly to cases of tuberculosis:

Type of Bedding	Number
Blankets	25 pairs
Sheets	6 pairs
Draw Sheets	24 pairs
Pillows	6
Pillow Cases	4 pairs
Total ..	65

No charge is made for the loan of home nursing equipment, but applicants are required to sign an undertaking to return the articles in good condition, and to pay for any articles which are lost or damaged whilst in their care, except damage due to ordinary wear.

Bradford's Health in 1956

Preliminary Report by the Medical Officer of Health
JOHN DOUGLAS, M.D., D.P.H.

On the whole it has been a satisfactory year. There were no major epidemics, and it is anticipated that the corrected death rate will show little change from the rate of 16.2 in 1955. Deaths from the epidemic diseases and from tuberculosis continue to decrease. The high number of deaths from heart diseases, cancer and cerebral haemorrhage, however, is maintained, and these diseases account for 64% of all deaths in 1956.

The number of new claims for sickness benefit (to the Ministry of Pensions and National Insurance) is a useful pointer to the general state of the public health in the city, and is fairly consistent in pattern. By the first week of February in any year the weekly total of new claims has usually risen to 1,450. The number falls off gradually until the lowest point (about 500 new claims weekly) is reached in the middle of August. Thence the number rises sharply until the beginning of October, when it is steady at 900 until mid-December. At this time a very sharp drop is seen, and at Christmas the figure is only a little higher than that of August.

During 1956 the number of new claims for benefit followed this pattern throughout the year, except that during the first three weeks of March claims were about 20, 33 and 12 per cent respectively more than average.

Total notifications of infectious diseases were 4,259 compared with 7,954 in 1955. The year 1955 was a "measles year" and the decrease in total notifications in 1956 is largely due to the notification of over 5,000 fewer cases of this disease. Notifications of whooping cough increased from 324 in 1955 to 1,167 in 1956. Notifications of acute anterior poliomyelitis decreased from 40 in 1955 to 8 in 1956.

The corrected birth rate is expected to be a little higher than in 1955, and consequently with more babies at risk, it is gratifying to report a provisional infantile mortality rate of 28, equalling the record low figure achieved in 1955.

The statistics given in this preliminary report must be regarded as provisional only, although it is not anticipated that the final figures will differ to any great extent from those given below.

A. VITAL STATISTICS

BIRTHS, after a correction for residence, numbered 4,891. The provisional crude birth rate for 1956 is 17.0 per thousand population. The birth rate of 12.3 in 1941 was the lowest ever recorded. From that time the rate rose until the peak was reached in 1947. The rate then gradually fell, and has been fairly constant since. The corrected rates for the past ten years have been as follows:-

1947	22.2	1952	15.9
1948	18.8	1953	15.9
1949	17.3	1954	16.4
1950	16.7	1955	16.2
1951	16.4	1956	17.0 (crude)

DEATHS, after a correction for residence, numbered 4,005. The provisional crude death rate for 1956 is 14.0 per thousand population. The corrected rates for the past ten years have been as follows:-

1947	15.6	1952	13.7
1948	13.4	1953	14.2
1949	14.5	1954	14.8
1950	14.2	1955	13.6
1951	15.4	1956	14.0 (crude)

INFANTILE MORTALITY. The provisional rate of infantile mortality for 1956 is 28.1 per thousand live births. The rates for the past ten years have been as follows:-

1947	59	1952	33
1948	43	1953	36
1949	38	1954	31
1950	38	1955	28
1951	43	1956	28

The provisional rate of NEO-NATAL mortality (i.e. of children under four weeks) is 19.1 per thousand live births. The rates for the past ten years have been as follows:-

1947	36	1952	20.0
1948	22	1953	24.5
1949	20	1954	20.0
1950	19.6	1955	17.8
1951	21.6	1956	19.1

The provisional rate of PERI-NATAL mortality (i.e. of children under one week plus stillbirths) is 39.3 per thousand total births. The rates for the past ten years have been as follows:-

1947	48.2	1952	47.0
1948	45.8	1953	38.9
1949	41.7	1954	40.8
1950	37.5	1955	35.5
1951	40.1	1956	39.3

MATERNAL MORTALITY. There were three maternal deaths, giving a provisional mortality rate of 0.61 per thousand total births. The rates for the past ten years have been as follows:-

1947	1.07	1952	0.84
1948	0.88	1953	0.21
1949	1.35	1954	0.42
1950	1.40	1955	0.43
1951	1.23	1956	0.61

INFECTIOUS AND OTHER DISEASES

Disease	Number of Notifications 1955	Number of Notifications 1956
Scarlet fever	332	354
Diphtheria	–	–
Measles	5,414	232
Whooping cough	324	1,167
Poliomyelitis		
Paralytic	32	3
Non-Paralytic	8	5
Meningococcal infection	5	11
Cerebral-spinal fever	–	–
Encephalitis		
Infective	4	1
Post-infectious	5	1
Puerperal pyrexia	45	27
Ophthalmia neonatorum	7	9

Disease	Number of Notifications 1955	1956
Pemphigus	–	–
Erysipelas	50	63
Tuberculosis		
Pulmonary	254	244
Non-pulmonary	25	22
Infective enteritis	1,029	1,377
Dysentery	223	473
Food poisoning	18	38
Salmonellosis	178	224
Paratyphoid fever	1	8
	7,954	4,259

B. GENERAL STATISTICS

CHILD WELFARE CENTRES.

The Central Clinic is open daily and there are 22 branch clinics throughout the city. Attendances at the various clinics during the year may be compared with those during 1955.

Clinic	Attendances during Year. 1955	1956
Central, Edmund Street	12,233	10,960
Allerton	941	1,191
Bierley	2,194	2,137
* Bolton Woods	80	393
Brownroyd	2,990	2,946
Buttershaw (Mandale Road)	2,488	2,326
Clayton	1,251	1,205
Daisy Hill	904	120
Esholt	187	174
Green Lane	4,136	4,679
Idle	2,859	4,087
Lapage Street	4,059	4,522
Lidget Green	1,252	1,189
Odsal	3,605	3,137
Otley Road	3,026	3,545
Ravenscliffe (The Park)	3,287	3,266
Saint Street	4,315	4,458
Southend Hall	704	1,069
Thornton	999	1,119
Usher Street	2,378	2,597
West Bowling	2,494	2,218
Wyke	920	1,148
** Haworth Road	–	901
Nursing Mothers Ward	754	773
	58,056.	60,160

* Commenced 7th November, 1955.
** " 18th March, 1956.

ANTE-NATAL AND POST-NATAL CLINICS

The number of attendances at the ante-natal and post-natal clinics during the year was 3,676; 563 post-natal visits and 3,113 (902 primary and 2,211 subsequent) ante-natal visits.

DOMICILIARY MIDWIFERY

During the year municipal midwives attended 1,949 mothers in their confinement, whilst a further 169 confinements were attended by midwives acting as maternity nurse. Gas and air and/or trilene analgesia was administered in 1,915 cases.

HEALTH VISITING

The health visitors made 83,194 visits during the year. Details of these visits with comparable figures for 1955 are as follows:-

Summary of Visits	1955 Primary	1955 Sub-sequent	1955 Total	1956 Primary	1956 Sub-sequent	1956 Total
Infants	4,533	18,999	23,532	4,734	18,246	22,980
Children 1-2 years	-	-	15,866	-	-	14,578
Children 2-5 years	-	-	29,396	-	-	26,606
Expectant mothers	905	536	1,441	926	639	1,565
Tuberculosis	272	6,220	6,492	213	6,439	6,652

Details of Visits

	1955	1956
Gastro-enteritis	3,889	5,224
Whooping cough	84	406
Measles	1,026	36
Stillbirths	75	107
Infant deaths	66	78
Foster children	-	-
Adoptions	-	-
After-care	189	662
Old people	2,373	1,715
Special visits	1,988	2,025
Attendances at clinics	2,453	2,533
Total cases visited	87,064	83,194
Total houses visited	65,133	62,815
Tuberculous households	6,089	6,636

DAY NURSERIES

There are nine day nurseries in the city (Bierley having been closed at the end of April 1956) and the number of attendances during the year may be compared with those of 1955:-

Name	Age of Children	Places	Yearly Attendances 1955	Yearly Attendances 1956
Farcliffe	0-5	70	27,315	27,988
Brownroyd	0-5	50	21,337	19,178
Thornbury	0-5	40	16,889	17,018
Canterbury	0-5	40	16,834	16,808
Princeville	0-5	40	14,063	11,480
Swain House	0-5	30	13,650	14,145
Greaves Street	0-5	50	17,849	17,337
Thornlea	0-5	30	9,694	8,120
Lilac Grove Street	0-5	50	14,868	17,698
Bierley	0-5	-	8,593	1,928 *
			161,092	151,700

* To end of April.

CARE AND AFTER-CARE SERVICES

HOME NURSING

The following tables show the classification and numbers of main types of cases attended by home nurses in 1956, with comparable figures for 1955:-

		1955	1956
	Old cases brought forward	289	303
(a)	New cases	2,924	2,770
(b)	Total cases	3,213	3,073
(c)	Discharges	2,910	2,718
	Remaining on books	303	355
(d)	Total visits	45,284	50,716

Classification of Total Cases and Visits

	1955		1956	
	Cases	Visits	Cases	Visits
Medical	2,435	34,547	2,389	39,710
Surgical	632	10,228	523	10,075
Gynaecological	143	496	160	925
Maternal complications	3	13	1	6
	(b) 3,213	(d) 45,284	(b) 3,073	(d) 50,716

Sources of Total Cases, and Number of Visits

	1955		1956	
	Cases	Visits	Cases	Visits
Doctors	2,381	34,556	2,401	38,249
Hospitals	563	9,619	533	11,147
Public Health Department	2	3	6	42
Applied	267	1,106	133	1,278
	(b) 3,213	(d) 45,284	(b) 3,073	(d) 50,716

Classification of New Cases

		1955		1956
Diseases of nervous system		362		260
Carcinoma		334		332
Diseases of resp. system (non-tuberculous)		329		295
Senility		302		197
Heart diseases		286		353
Intestinal diseases		247		280
Circumcision		135		152
Gynaecological		121		137
Diabetes		92		82
Genito-urinary diseases		81		61
Burns, scalds, injuries		73		75
Digestive diseases		58		36
Otitis media		55		53
Rheumatism		52		45
Tuberculosis		35		56
Leg ulcers		25		28
Infectious diseases		10		2
Other diseases		327		326
new cases	(a)	2,924	(a)	2,770
old cases		289		303
TOTAL	(b)	3,213	(b)	3,073

Classification of Discharges

		1955		1956
Convalescent		1,670		1,525
Died		426		427
Transferred to hospital		478		439
Relieved		177		244
Other causes		159		83
	(c)	2,910	(c)	2,718

The total cases attended during the year are divided into age groups as follows:-

Age Group	No. of Cases	% of Total Cases
0-14 years	422	13.6
15-64 years	1,102	36.0
65 + years	1,549	50.4
	3,073	100.0

HOME HELP SERVICE

New applications for assistance during the year numbered 1,752 as compared with 1,579 in 1955. The following table shows a further analysis of the applications. Comparative figures are given for 1955.

New Applications in respect of:-	1955	1956
General and chronic sickness cases	309	317
Old people	618	803
Tuberculosis cases	26	22
Blind persons	22	19
Maternity cases	604	591
	1,579	1,752

Help was given to approximately 77% of the applicants; a little more than in previous years.

AMBULANCE SERVICE

A summary of the work done by the Service during 1956, with comparative figures for previous years, is given below:-

Year	Cases	% increase on previous year	Mileage	Average miles per case
1948	24,059	-	157,451	6.54
1949	47,012	95	250,969	5.34
1950	69,691	48	284,758	4.08
1951	85,237	22	300,618	3.58
1952	93,128	9	309,779	3.35
1953	107,660	15	347,960	3.23
1954	110,774	3	364,874	3.29
1955	120,984	9	397,628	3.28
1956	123,659	2	403,341	3.26

The following table gives details of patients and journeys in the last four years.

	Patients			Journeys	
Year	Accidents	Others	Patients	Abortive and Service	Analgesia
1953	3,221	104,439	19,270	840	1,196
1954	3,147	107,627	18,097	956	1,362
1955	3,489	117,495	18,303	753	1,654
1956	3,686	119,973	18,041	564	1,047

The following table gives the approximate percentages (of total cases) of cases in certain categories moved by the Ambulance Service in an average year.

Category	%
Out-patients	48
Mentally handicapped children	33
Admissions, discharges, transfers, etc.	16
Accidents	3
	100

Convalescent Home Treatment

Since July 1948, arrangements for the admission of certain patients to convalescent homes at a reduced cost, or free of charge, have continued from year to year. Each case is assessed in accordance with the Scale of Charges approved by the City Council.

The majority of these cases are admitted to the Semon Convalescents' Home, Ilkley. Persons admitted under this scheme are those who are recovering from an illness and require convalescent treatment so that they may be fit to return to work or to again undertake their household duties.

Some mothers with children up to five years of age were admitted to the Silver Jubilee Home, Heysham, at reduced cost, or free of charge. In many cases the children are admitted, free of charge, through the Victoria Convalescent Fund. A mother may take two children with her to the Home, but she is not allowed to take more than two, except under very special circumstances.

Several other patients, who were specially recommended by their doctor for convalescent treatment at the seaside, were sent to private convalescent homes.

During 1954, 113 persons applied for admission to convalescent homes at a reduced cost, or free of charge. Of these, 82 were actually admitted, and the remaining 31 cancelled their application for one reason or another.

Details of persons admitted to convalescent homes during the year are given in the following table.

Name of Home	Number of admissions
Silver Jubilee Home for Mothers and Children, Heysham	30
Semon Convalescents' Home, Ilkley	44
Blackburn and District Convalescent Home, St. Annes	4
Manchester and Salford Convalescent Home, Southport	3
U.C.M. Convalescent Home, Lytham	1
Total	82

The period of treatment in the convalescent homes is usually two weeks.

None of the persons admitted to these homes through the Care and After-care Department could afford to pay the full charge. They were assisted financially under the provisions of the National Health Service Act and paid part cost or made no contribution at all to the cost, depending upon their financial circumstances.

In addition to the above, 496 Bradford persons were recommended by doctors for admission to Semon Home and paid the full charge of £3 per week.

The total number of persons having convalescent home treatment in 1954 was 578, compared with the 709 in the previous year.

The number of persons admitted to convalescent homes through the Care and After-care Department decreased slightly during 1954. This was no doubt due to the bad weather during the summer months. A large number of persons cancelled their application very near the time they were due to visit the Homes.

Many of the patients called at the office, or sent letters, expressing their appreciation of the Service.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has continued to increase, as shown in the following table:

Year	Number of persons receiving free milk
1951	8
1952	9
1953 (January)	18
(December)	74
1954 (January)	83
(December)	121

Each case is recommended by the doctors at the Chest Clinic, and is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from the Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply must cease at the end of 28 days, unless a renewal order has been received from the Department, following a renewal of recommendation by the Chest Clinic.

At the end of the year, 1,694 pints of milk were being supplied weekly to tuberculous persons, and the cost to the Committee was approximately £45 each week.

Home Nursing

(*Section* 25, *National Health Service Act*, 1946)

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council. It is supervised by the Superintendent District Nurse, who is responsible to the Senior Medical Officer of the Care and After-care Services.

There is an establishment of 30 nurses, and 18 posts are filled. Staffing has been difficult during the year, but a steady improvement is taking place. In spite of these difficulties, not one case has been refused nursing attention.

Two thirds of the staff are fully qualified Queen's District Nurses, which is a number above the average. During the year five students entered for the Queen's Roll Examination. All were successful, maintaining our record of 100 per cent passes since the Home became a Training Centre for District Nurses in 1948. Only State Registered Nurses are accepted for training.

At present four nurses use cars, and this enables them to almost double their number of visits daily. The remainder of the staff use the public passenger transport services of the city.

Most of the nurses are non-resident, and in addition to the Central Home, the Council rents from the Corporation two houses in each of which two nurses reside.

The kitchen of the Central Home has been modernised during the year with a view to obtaining a resident cook.

The Superintendent reports that all equipment is in excellent condition, and includes barrier nursing equipment. The latter, combined with the high standard of district nursing techniques maintained has again prevented any incidence of dermatitis amongst the nursing staff.

During the year 2,961 new cases were nursed, and to these cases 44,877 visits were made. This is an increase of 116 cases and 2,555 visits on the previous year.

The following tables show the classification and proportions of main types of cases attended by home nurses in 1954, with comparative figures for 1953:

	1953		1954	
	Cases	Visits	Cases	Visits
Brought forward from 1952	316			
Medical	1,815	31,776	2,262	33,644
Surgical	559	9,998	537	10,673
Gynaecological	149	476	160	549
Complicated Midwifery ..	6	72	1	6
Operations	—	—	1	5
Totals ..	2,845	42,322	2,961	44,877

These totals include the following:

	1953 Cases	1953 Visits	1954 Cases	1954 Visits
Pneumonia	116	1,036	133	917
Tuberculosis	53	352	51	1,091
Infectious Diseases ..	3	56	1	6
Old Age Pensioners	1,297	23,308	1,440	25,859
Children under 14 years ..	412	1,999	334	1,565
Injections—Insulins ..	79	1,986	67	3,730
Others	551	4,725	727	6,618
National Assistance ..	40	634	43	898

Cases were sent in by:

	1953 Cases	1953 Visits	1954 Cases	1954 Visits
Doctors	1,894	32,118	2,367	34,276
Hospitals	516	9,573	454	9,706
Applied	113	559	133	867
Public Health Department ..	6	74	7	28

Discharges were as follows:	1953	1954
Convalescent	1,595	1,662
Died	426	448
Transferred to Hospital	357	402
Relieved	125	103
Other Causes	41	55

Co-operation with General Practitioners

An excellent co-operation has been maintained with the general practitioners, and more than 75 per cent of the new cases were referred by them.

Liaison with Hospitals

During 1954, 20 per cent of all cases were sent in from the hospitals by arrangement with the general practitioners on the understanding that the Service undertook the necessary nursing care in the patient's own home.

Refresher Courses

During the year nurses have attended Refresher Courses, approved by the Minister of Health, at Oxford and Birmingham, on full pay and with expenses paid.

Domestic Help

(*Section* 29, *National Health Service Act*, 1946)

A limited service of domestic help for maternity cases was available in the city from 1929 until the National Health Service Act in 1948. This service was provided by a voluntary organisation—the Maternity Care Committee.

The present service has continued to expand from year to year, and now consists of a Domestic Helps Organiser, an Assessment Officer, and clerical staff working under the direction of the Senior Medical Officer for Care and After-care Services.

The number of domestic helps employed at the end of 1954 was as ollows:

Full-time helps employed	62
Part-time helps employed	73
	135

(Equivalent to 88 full-time helps working 44 hours a week.)

The growth of the Service since 1948 is shown in the following table:

Date	No. of Helps Employed		Equivalent number of full-time helps	Average number of cases attended weekly
	Full-time	Part-time		
July 1948	6	12		—
Dec. 1948	15	20		43
Dec. 1949	25	24		76
Dec. 1950	30	39	(47, working a 48 hour week)	136
Dec. 1951	45	54	(67, working a 48 hour week)	200
Dec. 1952	45	69	(70, working a 44 hour week)	195
Dec. 1953	53	66	(73, working a 44 hour week)	225
Dec. 1954	62	73	(88, working a 44 hour week)	314

It is hoped to bring the equivalent number of full-time helps up to 115 during 1955.

New applications for assistance during 1954 were 1,804 compared with 1,778 in 1953. The average number of hours worked at each case was 130 compared with 112 in 1953.

The following tables show further analyses of the applications; the number of cases where help was given, and the number of cases attended in respect of which no charge was made. Where a charge is made, it is decided by the Assessment Officer of the Service in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council.

New applications were received in respect of:

	1951	1952	1953	1954
General and chronic sickness cases ..	492	502	476	496
Old people	341	771	808	700
Tuberculosis cases	19	24	24	27
Blind persons	12	19	18	24
Maternity cases	414	368	452	557
Totals	1,278	1,684	1,778	1,804

Number of cases where help was given:

	1951	1952	1953	1954
General and chronic sickness cases ..	386	343	432	378
Old people	298	567	522	466
Tuberculosis cases	17	20	18	19
Blind persons	11	19	16	28
Maternity cases	179	169	283	437
Totals	891	1,118	1,271	1,328

Number of cases attended in respect of which no charge was made:

	1951	1952	1953	1954
General and chronic sickness cases ..	78	114	138	66
Old People	193	477	415	353
Tuberculosis cases	6	11	13	10
Blind persons	10	12	12	18
Maternity cases	5	7	9	—
Totals	292	621	587	447

The number of maternity cases has continued to increase. The Helps have attended 154 more of these cases during 1954 than in 1953. A very large number of women in Bradford, after the first child especially, prefer to be confined in their own homes, and very many have expressed their appreciation of the Domestic Helps Service and the capable manner in which the Helps have carried out their duties.

During 1954, the number of general sickness cases and old people attended was less than in 1953 because of the increasing demand on the Service in respect of maternity cases.

Maternity cases must, of necessity, be given assistance straight away, and this can only be done in many cases by taking help away rom the old people temporarily. Many of these require permanent ssistance, but this cannot be given in every case until the number of elps is increased sufficient to meet the situation.

Many letters of appreciation have also been received from the old eople to whom the helps have been sent, or from their relatives and iends.

Health Education

. P. McDonagh, M.B., CH.B., D.P.H., *Deputy Medical Officer of Health*

During the year the efforts of the staff to continue their work of ducating the public in healthy living continued. Special efforts were ade this year to bring to the notice of the mothers the great importance whooping cough immunisation as a means of preventing much illness, bsequent debility and even death from whooping cough. With this ject in view, special letters from the Medical Officer of Health were sent to all children in the city on their attaining the age of 4 months. It has been found that this method, together with the use of posters and pamphlets in the child welfare clinics, has done much towards increasing the proportion of children being vaccinated against whooping cough at a sufficiently early age to prevent the attacks.

Special efforts were continued, as in the previous year, towards the prevention of accidents, and during the year the booklet "Safety in the Home" was produced. Copies of this were distributed to mothers and parents throughout the city. This interesting and informative booklet, apart from containing a message from the Lord Mayor and the Chairman of the Health Committee, contained information in great details from the Medical Officer of Health as to the cause of many accidents, not only to children, but also the elderly. An investigation into accidents in the home (a report on which is found at the end of this Section) has served to demonstrate that in almost every case of serious injury to children, the accident would have been prevented by due care and precaution. This survey also showed that the dangerous age period was in toddlers between the age of 2 and 3 years, just at the time when they are mobile and inquisitive, without having sufficient knowledge to know what is dangerous. For some reason it appears that the greater brunt of accidents is borne by female children at this early age. It would appear that this is because they are more inquisitive. The film "A Two-Year-Old goes to Hospital" was also shown to th medical and nursing members of the staff.

Food hygiene was again kept to the fore in our thoughts, and th work of the inspectors in educating and informing canteen workers an food handlers in the city must not be forgotten. During the year ther was little food poisoning with the exception of one large outbreak whic occurred towards the end of the year. In the main, supervision of foo premises, ice cream manufacturing premises and pasteurisation plants etc., has been satisfactory, but it is anticipated that greater efforts wi be made in the coming year in virtue of the extra powers given in th new Food and Drugs Act which is expected to come into operation early in 1955.

Health education work in the child welfare clinics has still been the subject of some trial, and in different clinics the health visitors attached have tried different methods of talking to and teaching the mothers. In one area, where routine medical examinations have been functioning for some time, the health visitors give general talks of 10 to 15 minutes duration to the other mothers while waiting for their children's examination. In these lectures film strips and other visual aids have been used freely. The lecturing functions of the Medical Officer of Health and the staff, and the medical inspectorial staff, have continued as reported previously.

Accidents in the Home

J. L. Walker, M.B., CH.B.

Much attention has been given recently to the prevention of accidents in the home, and while many figures are available for such accidents throughout the country, it was considered worthwhile to see exactly what were the predominant causes of accidents in Bradford. With this purpose in view an investigation was made of the case records of all children between the ages of 1–12 years who were admitted to Bradford Children's Hospital and children's ward of St. Luke's Hospital, as a result of an accident in the child's home.

During the period 1950–1953, 628 accident cases were admitted, and the case histories of the children examined. In this examination the circumstances surrounding each accident were examined closely so that an opinion could be formed as to the real cause, and in order that some information may be gained which would prevent such accidents in the future. Of the 628 children admitted to hospital, nine died, giving a 1·5 per cent case mortality. It must be stressed in this record that this small number of cases is only the result of examining admissions to one hospital in the city and the children's department of another, and is not meant as an actual reflection of the prevalence of such accidents throughout the whole city. But it is a disturbing thought what the total must be for the entire country, when the number of accidents in the home concerning children for one city is an average of 2 accidents each day of the year.

The result of this examination of the case histories then was of universal interest, and firstly it must be emphasized that in the majority of cases the histories were strikingly similar as to the cause of the accident.

There was also no doubt in our minds that every one of these accidents could have been prevented if more care had been taken by the parent. It is interesting to note that each year the greatest number of casualties fell among the children in the age group 1–2 years. This is the toddler stage when the child is just beginning to move about the house on its own, and is not yet wise enough, nor trained enough to observe obedience, and therefore gets its fingers into everything.

The accidents might be divided into the three main groups.

(*a*) Burns and scalds
(*b*) Poisons
(*c*) Miscellaneous

The number of cases in groups (*a*) and (*b*) were broken down into age groups and figures are shown in the following tables:

Group (*a*) Burns and Scalds

Ages Years	1950	1951	1952	1953	Total
0–3	50	58	65	58	
3–6	24	34	30	24	
6–9	7	10	15	10	
9–12	3	8	5	7	
Total ..	84	110	115	99	408
Group (*b*) Poisons					
0–3	25	31	26	26	
3–6	14	13	12	14	
6–9	6	3	6	2	
9–12	4	4	2	4	
Total ..	49	51	46	46	192
Group (*c*) Miscellaneous					28
				Grant total	628

In group (*a*) (Burns and Scalds), 408 children were involved. The causes of the burns included pulling over pans of boiling water, often by grabbing pan handles jutting out over the edge of the oven or table, clothing catching fire, falling into baths of hot water, and playing with matches. There were nine fatal cases in this group—four between ages 1–3 years, two aged 5 years, others aged 6, 8, and 12 years.

In group (*b*) (Poisons), aspirin tablets, phenobarbitone tablets, ferrous sulphate tablets, domestic cleansing liquids, chest liniments, iodine and laxatives were most commonly swallowed. Here again the tablets and fluids were obtained because they were left around loose, within easy reach of the child and open in drawers which the child could get to without difficulty.

In group (*c*) (Miscellaneous), things were swallowed—hair grips, pins, keys and money.

It is clear from this short enlightening investigation that the prevention of accidents in the home lies in the hands of the parents, who must be made more aware of the potential dangers there.

Medicines, pills and all kinds of poisons required for household use should be put high up away from the reach of small children. All pans containing hot or boiling water, kettles, tea-pots, etc., should be placed, in the first place, out of the reach of small children, and certainly with the handles turned inwards so that they cannot be pulled over.

We believe it would be a good idea in every house where there are children to have a special cupboard high up in the wall in which drugs, pills, etc., may be kept. It should be unnecessary to emphasize the importance of guarding fires when there are children in the household, yet cases show this necessity is still present. Three of the fatal burn cases were due to clothing brushing against an unguarded fire and setting alight.

Lastly, domestic polishes and cleaning materials should be stored in a box placed where the children cannot reach.

Section 8

General Health Services

BLIND AND PARTIALLY SIGHTED PERSONS

WELFARE FOODS

DISPOSAL OF THE DEAD BY CREMATION

General Health Services

National Assistance Acts

Blind and Partially Sighted Persons Registered during 1954

We are indebted to Mr. J. W. Woodhead, Director of Welfare Services, for the following report:

During the year ended 31st December, 1954, 87 people were examined by our ophthalmic surgeons. Of these 68 were registered as blind and 16 as partially sighted. In cases where treatment was recommended one man has had a successful cataract operation, two people have been unsuccessfully treated and in other cases there has been unwillingness to have an operation or the patient's health has made it inadvisable. Some people are reluctant to attend the Eye and Ear Hospital regularly because of the long waiting period in the Out-Patients' Department.

Of 13 people suffering from glaucoma all except one had received treatment prior to registration. There were six cases of glaucoma where cataract was also diagnosed and five people were suffering from diabetes. Three women resident in mental institutions have been registered as blind and two of those were also deaf.

The following table indicates the follow-up action taken in respect of registered blind and partially sighted persons during 1954:

	Cause of Disability			
	Cataract	Claucoma	Retrolental Fibroplasia	Others
(i) Number of persons registered during the year, in respect of which para. 7(c) of Form B.D.8 recommends:				
(*a*) No treatment ..	25 (22 blind) (3 partial)	10 (7 blind) (3 partial)	—	31 (28 blind) (3 partial)
(*b*) Treatment (medical, surgical or optical)	9 (7 blind) (2 partial)	3 (2 blind) (1 partial)	—	6 (2 blind) (4 partial)
(ii) Number of cases at (i) (*b*) above which on follow-up action have received treatment ..	3 (blind)	—	—	—

The following table shows the number of cases notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1926–1937, during 1954, with end result:

(i)	Total number of cases notified during the year	9
(ii)	Number of cases in which:	
	(*a*) Vision lost	—
	(*b*) Vision impaired	—
	(*c*) Treatment continuing at end of year	—

Welfare Foods

It became the duty of all local health authorities, as part of the services provided under Section 22 of the National Health Service Act, 1946, to arrange for the distribution of government welfare foods (excluding liquid milk) when the Ministry of Food closed its office on 28th June, 1954.

The changeover of responsibility was effected smoothly and without any inconvenience to the public, as welfare foods were available at the child welfare clinics as before and the central distribution office and store continued in the Britannia House premises. Subsequently these premises have been converted, redecorated and furnished, and large windows provide valuable space for health education displays.

The staff at the Central Depot consists of:

1 supervisor
1 clerk
3 female counterhands
1 porter/handyman

They were mainly recruited from the former Food Office staff.

During the period from 28th June, 1954, until 1st January, 1955, the following issues were made from the Central Depot and the infant welfare clinics:

"National" Dried Milk (Tins)	96,428
Cod Liver Oil (6 oz. bottles)	19,229
Orange Juice (6 oz. bottles)	106,746
A & D capsules (packets of 45)	6,394

Disposal of the Dead by Cremation

Since the Bradford Crematorium, situated at Scholemoor Cemetery, was opened in 1905, more than 24,400 bodies have been cremated there.

The following table shows the number of bodies cremated in the period 1949–1954:

Year	Number Cremated
1949	1,850
1950	2,139
1951	2,397
1952	2,296
1953	2,285
1954	2,425

A considerable number of bodies of persons resident outside Bradford has always been cremated at the Bradford Crematorium because of the lack of crematoria in some adjacent areas. It appears that this number will decrease in the next few years with the building of crematoria in Shipley and Halifax.

During 1954, of the 2,425 bodies cremated, 1,476 were those of persons resident in Bradford; some of the remaining 949 came from areas far afield, but principally from Shipley, Bingley, Denholme, Queensbury and Shelf, Keighley, Baildon, Halifax, Sowerby Bridge, Huddersfield, Brighouse, Spenborough, Pudsey and occasionally the Leeds area.

Section 9

Ambulance Service

Ambulance Service

(*Section* 27, *National Health Service*, 1946)

W. R. Brown, *Ambulance Officer*

The strength of the Ambulance Service at the end of 1954 was as follows:

Staff

Ambulance Officer
2 clerks
3 shift foremen
50 driver/attendants
1 mechanic
1 semi-skilled mechanic
5 part-time female escorts (for mentally handicapped children)

Vehicles

12 ambulances
5 large coach ambulances
4 small coach ambulances
3 sitting case cars

A summary of the work done by the Service during 1954, with figures for previous years, is shown in the following table:

Table 1

Year	1948	1949	1950	1951	1952	1953	1954
Cases	24,059	47,012	69,691	85,237	93,128	107,660	110,774
% increase on previous year . .	—	95	48	22	9	15	3
Mileage	157,451	250,969	284,758	300,618	309,779	347,960	364,874
Average miles per case	6·54	5·34	4·08	3·58	3·35	3·23	3·29

The number of cases dealt with in 1954 was 236 per cent greater than in 1949; the first full year of the National Health Service.

The following table gives details of the number of patients, journeys, mileage, etc., by type of vehicle:

Table 2

	Type of Vehicle			
Patients	Ambulance	Sitting Case Cars	Sitting Case Coaches	Total
(*a*) Accidents	2,806	261	80	3,147
(*b*) Others	39,439	15,549	52,639	107,627
Total	42,245	15,810	52,719	110,774
Journeys				
(*a*) Patients	9,592	4,301	4,204	18,097
(*b*) Abortive and Service . .	269	502	185	956
(*c*) Analgesia	93	842	427	1,362
Total	9,954	5,645	4,816	20,415
Mileage . .	164,446	108,345	92,573	365,364

The following table gives the approximate percentages (of total cases) of cases in certain categories:

TABLE 3

Category	%
Outpatients	46
Mentally handicapped children	34
Admissions, discharges, transfers, etc. ..	14
Accidents	3
Maternity	2
Infectious diseases	1
	100

The work of the Service has shown only a slight increase in the number of patients carried compared with the previous year. The large increase which occurred in 1953 was very largely due to the extension of all out-patient facilities at the hospitals, and it would now appear that the upward trend, which has been apparent since the National Health Service Act came into operation in July, 1948, is beginning to reach peak level.

Approval has recently been given for the installation of radio-telephone equipment in all Ambulance Service vehicles and it is anticipated that it will be in operation in the spring of 1955. Careful co-ordination of journeys is being maintained so as to keep the mileage down to the absolute minimum. The low figure of 3·23 miles per case established during 1953 has almost been maintained and it is still comparatively small.

It is expected that the introduction of radio-telephone equipment will enable the low mileage figure to be reduced still further as well as improving the efficiency of the Service by eliminating some delays and lessening the "empty" running.

The out-patient section of the work, still increasing, causes the most anxiety. It is inevitable that some of these patients are collected considerably earlier than the time at which they are due at the hospital; often they are not ready; occasionally they refuse to go; sometimes they are late. In view of the large numbers involved, it is difficult to see any solution of this problem. The out-patients on the whole, however, appreciate the position and accept minor inconveniences with good grace.

The slight reduction in the number of accident cases is a welcome feature.

Extensions to the garage accommodation at the Ambulance Station, sufficient to house five large ambulances, were completed during the year.

The last of the immediate post-war van type ambulances have now been replaced.

Maintenance and repair of vehicles continues to be carried out by our own staff on the premises.

Section 10

Inspection and Supervision of Food and Food Premises

FOOD PREMISES
MILK SUPPLY
ICE CREAM
FOOD AND DRUGS
PHARMACY AND POISONS
FERTILISERS AND FEEDING STUFFS
MEAT INSPECTION
OTHER FOODS

Inspection and Supervision of Food and Food Premises

F. H. Myers, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops Act, 1950, and at the same time enforce the cleanliness provisions of Section 13 of the Food and Drugs Act, 1938, thus saving duplication of visiting.

Events worthy of special note during the year have been the inclusion of Bradford in the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954 and the decontrol of meat supplies at the beginning of July, which are both the subject of further comment later in this report.

Food Premises

During 1954 inspections of premises where food is handled, stored or sold numbered 2,552, and in this work considerable knowledge of the practices of the different trades must be exercised. The main emphasis of the visits was laid upon hygiene, and every endeavour was made to impress upon both managements and employees the care that must be taken in handling food.

In addition to personal hygiene, premises were checked concerning provision of washing facilities, state of repair, cleanliness of walls and ceilings, cleanliness of clothing and utensils, ventilation and the several provisions of the byelaws which cover the handling and wrapping of food.

In general, considerable improvement was observed since the introduction of the new byelaws, although in some cases it was necessary to give both verbal and written warning concerning breaches of the byelaws.

Regular visits have been made both to the covered and open air markets, and it is pleasing to report that all food stalls other than fruit and vegetable stalls have been provided with glass cabinets or screens.

Fishmongers have been encouraged to display only the minimum amount of fish necessary to attract customers, and to keep the bulk of their stocks in refrigerators or ice boxes. Improvements in the construction of fish boxes, many of which are now lined with aluminium, facilitate cleansing and sterilisation when they are emptied, and inspections have been made to ensure that the terms of the byelaws concerned with the cleansing of such boxes have been observed.

Many food shops in Bradford act as receiving stations for laundries, and regular visits have been paid to such premises to ensure that the special provisions of the food handling byelaws are observed in this matter. Special containers have been provided and fixed in such a way that the food handlers do not need to touch the laundry.

In making 313 visits to cafes, restaurants and snack bars, 23 contraventions were observed and brought to the notice of the proprietors, but on follow-up visits almost all had been remedied. The smaller cafes generally rely on one sink for washing up, and more knowledge about detergents and sterlising agents is required amongst those who run them. Such information has been given at the time of the visits.

Milk Supply

The total amount of milk consumed daily in the city was about 23,000 gallons, which it is estimated comprised approximately 85 per cent processed milk and 15 per cent raw tuberculin tested milk.

These percentages relate to the period of the year subsequent to the 1st October, for from this date the use of special designations became obligatory in respect of all retail sales in the city as a result of the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954.

No great change was occasioned by the Order as much preparatory work had been done. The total effect was an approximate 5 per cent increase in the sales of processed milk at the expense of the sales of raw ungraded milk by the farmers who had carried on retailing their own production until the last moment.

Although some farms have disappeared as a result of housing development, there are still 195 producing milk within the city boundary. In addition, as a result of the expansion of the processing dairies during the last few years, a large quantity of milk is coming into the city from the surrounding country areas. As much of this supply is brought in churns from individual farms the sampling work has correspondingly increased.

Regular testing of these supplies has been carried out during the year for chemical analysis, bacteriological and biological examination.

No outbreaks of milk borne disease occurred during the year.

Milk and Dairies Regulations, 1949

There were, at the end of the year, 1,196 persons registered for the sale of milk within the city. These may be classified as follows:

Dairymen	189
Shops where milk sold in sealed bottles only	1,007

In addition to the above there were 112 producer retailers engaged in the sale of milk within the city.

Milk Special Designations

Licences authorising the use of special designations in relation to milk were issued as follows:

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949–1954

Dealer's Licence authorising the use of the special designation "Tuberculin Tested"	214
Dealer's Licence authorising the use of the special designation "Accredited"	2
Supplementary Licence authorising the use of the special designation "Tuberculin Tested" ..	27

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949–1953

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised" ..	4
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	1
Dealer's Licence authorising the use of the special designation "Pasteurised"	204
Dealer's Licence authorising the use of the special designation "Sterilised"	1,150
Supplementary Licence authorising the use of the special designation "Pasteurised"	25
Supplementary Licence authorising the use of the special designation "Sterilised"..	9

Milk Processing

There were during the year four dairies engaged in the heat treatment of milk; three by the pasteurisation and one by the sterilisation process. It is estimated that a total of 29,000 gallons of milk was treated in the city daily.

Tuberculosis in Milk

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year, particular attention again being paid to the local farms.

Milk from 6·7 per cent of these farms was found to be so infected, which is a decrease on the 10·0 per cent of the previous year.

There were 195 dairy farms engaged in the production of milk in Bradford, and in addition milk from 51 farms outside the city boundary was sold here. A total of 599 samples from these milks was examined biologically at the Public Health Laboratory during the year. Of these samples, 14 were found to contain tubercle bacilli.

As a result of investigations arising from these reports it is known that 22 tuberculous cows have been slaughtered. In two cases, where the infected cows could not immediately be ascertained, notices were served on the farmer requiring all milk produced at the farm to be adequately pasteurised before sale.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past seven years:

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949–1954
REGULATIONS, 1949–1953

	1948	1949	1950	1951	1952	1953	1954
Tuberculin Tested Herds—							
Samples taken	38	89	169	227	240	279	277
B. tuberculosis found ..	—	—	—	1	1	—	—
Accredited Herds—							
Samples taken	148	177	233	220	200	180	71
B. tuberculosis found ..	5	4	14	13	7	12	2
Ordinary Herds—							
Samples taken	149	159	278	268	267	267	251
B. tuberculosis found ..	7	4	17	13	5	10	12
Totals—							
Samples taken	335	425	680	715	707	726	599
B. tuberculosis found ..	12	8	31	27	13	22	14

Chemical Examination of Milk

Nine hundred and seventy-one samples were analysed. The results show that 23 of the samples gave an analysis under 3·0 per cent of fat and 759 over 3·5 per cent of fat, while 168 of these samples gave an analysis under 8·5 per cent of non-fatty solids. The total below both 3·0 per cent of fat and 8·5 per cent of non-fatty solids was 11. In most cases the adulterations were small and warnings were issued. Legal proceedings were instituted in one case, particulars of which are given in the Food and Drugs Section.

Table 1 gives comparative figures for the milks examined during the period 1932 to the present year.

TABLE 1

CHEMICAL ANALYSIS OF MILK

YEAR	FAT						SOLIDS NOT FAT				TOTAL
	Under 3·0%		3·0% to 3·5%		Over 3·5%		Under 8·5%		8·5% and over		
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	
1954	23	2·4	189	19·5	759	78·2	168	17·3	803	82·7	971
1953	33	4·2	190	24·0	567	71·8	196	24·8	594	75·2	790
1952	21	2·5	168	19·5	668	78·0	196	22·9	661	77·1	857
1951	14	1·9	198	27·2	515	70·9	151	20·8	576	79·2	727
1950	10	1·3	188	25·6	539	73·1	95	12·9	642	87·1	737
1949	8	1·7	190	40·5	271	57·8	58	12·4	411	87·6	469
1948	8	1·4	235	41·7	320	56·9	131	23·3	432	76·7	563
1947	6	1·0	248	41·1	349	57·9	157	26·0	446	74·0	603
1946	11	1·9	221	38·8	337	59·3	111	19·5	458	80·5	569
1945	24	3·4	346	48·3	347	48·3	119	16·6	598	83·4	717
1944	23	3·0	247	32·1	489	64·9	54	7·0	705	93·0	759
1943	21	3·2	220	33·0	417	63·8	88	13·2	570	86·8	658
1942	18	2·7	181	27·2	460	70·1	92	13·8	567	86·2	659
1941	10	1·5	171	25·6	486	72·9	59	8·9	608	91·1	667
1940	13	1·9	213	31·9	452	66·2	27	4·0	651	96·0	678
1939	15	2·1	237	33·2	476	64·7	7	0·9	721	99·1	728
1938	27	4·2	268	41·4	352	54·4	21	3·3	626	96·7	647
1937	29	3·4	343	39·8	489	56·8	10	1·2	851	98·8	861
1936	15	2·8	213	39·6	310	57·6	1	0·2	537	99·8	538
1935	21	2·3	276	30·7	602	67·0	1	0·1	898	99·9	899
1934	33	3·5	348	37·3	552	59·2	9	1·0	924	99·0	933
1933	38	4·0	413	44·0	489	52·0	8	0·9	932	99·1	940
1932	47	5·0	353	37·7	537	57·3	10	1·0	927	99·0	937

Examination of Raw Milk

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture and Fisheries with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Blue Reductase Test	
	Pass	Fail
605	573	32

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory, as shown in the following table:

Class of Milk	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test		Turbidity Test	
		Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested Pasteurised ..	290	285	5	290	—	—	—
Pasteurised ..	344	343	1	343	—	—	—
Sterilised ..	92	—	—	—	—	92	—

*One test for Pasteurised milk reported void.

Ice Cream

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made, and there have been considerable building alterations and new plant has been purchased as a result of recommendations made to comply with the requirements of the Ice Cream (Heat Treatment) Regulations 1947–52. New machinery included heaters, coolers, freezers and refrigerator storage units, fitted with indicating and recording thermometers as necessary. During the year there has been a decline in the number of ice cream manufacturers within the city.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

One hundred and seventy seven samples were submitted for examination during the year and they were graded as follows:

Provisional Grade	No. of Samples
Grade I	132
Grade II	34
Grade III	4
Grade IV	7
	177

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1953, the minimum standards for ice cream are 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat.

Eleven samples were submitted to the Public Analyst and all were reported to be satisfactory.

The average figures reported from analysis of these samples were:

Fat	11·07 per cent
Sugar	12·99 per cent
Milk solids other than fat	9·83 per cent

The following table shows the percentage of the ingredients found on analysis:

FAT
Percentage

Under 5·0	5·0—6·9	7·0—8·9	9·0—10·9	11·0—12·9	13·0 and over
—	—	2	1	6	2

MILK SOLIDS OTHER THAN FAT
Percentage

Under 7·5	7·5—8·4	8·5—9·4	9·5—10·4	10·5—11·4	11·5 and over
—	—	4	4	2	1

SUGAR
Percentage

Under 10·0	10·0—11·9	12·0—13·9	14·0—15·9	16·0 and over
—	2	6	3	—

Food and Drugs

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officer for analysis was 1,249; of these 1,177 were certified as genuine and 72 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors were cautioned.

In two cases however it was considered that legal proceedings should be taken. Convictions were obtained in each case, and the particulars were as follows:

(*a*) A dairy farmer was summoned to answer six charges of selling milk containing added water. The Court imposed a fine of £10 on each of the six charges and ordered payment of £4 4s. costs.

(*b*) A shop-keeper and his wife were summoned to answer two charges each relating to the sale of a non brewed condiment as vinegar, and also to its sale when deficient in acetic acid. The Court imposed a fine of £1 on each charge and ordered the payment of £2 2s. costs.

A table showing the number of samples procured and examined during 1954 will be found in the Appendix.

Bacteriological Examination

Eighty-one samples of food were submitted to the Public Health Laboratory for examination for pathogenic organisms. These were obtained during investigations into suspected cases of food poisoning, and particulars of the more interesting results are given in the infectious diseases section of the report.

Extraneous Matter in Food

A number of complaints were investigated and related to both food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in Court to assist in taking legal proceedings, and, of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the Public Health Department of the area concerned. Strong warning letters were sent to manufacturers in the majority of cases.

Merchandise Marks Act, 1926

Routine checks have been made to ensure compliance with the requirements of the various Marking Orders made under this Act. Where contraventions were noted cautions were issued and it has not been found necessary to institute legal proceedings.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the contro over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuri substances, nicotine, phenols, nitrobenzine, ammonia, etc., used princi pally for agricultural, horticultural, industrial and sanitary purposes

The number of applications for entry on the list of the Loca Authority under the above Act was 615. The following table sets ou the number of persons entered according to the respective trades Each of the premises was inspected when applications were received

Number	Horticulture	Hardware Dealers	Herbalists	Hair-dressers	Grocers and General
615	10	74	6	9	516

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

The work of meat inspection at the public abattoir, and at the private slaughterhouses, has been carried out in a satisfactory manner during the year 1954.

A great change occurred in the meat industry in July 1954 by the decontrol of meat, and until the industry settled down to normal working the process of slaughter and preparation for the wholesale market was chaotic. However, assessing reports from the various large slaughtering centres, Bradford appears to have been more orderly than most centres n the first few weeks. This changeover necessitated abnormally long hours of work for the meat inspectors, and for a period of a few weeks the full-time inspectors were obliged to be on duty for as long as eighty hours per week. The staff of two inspectors was increased to three in August, and thereafter a rota system was put into operation allowing each inspector one full day's leave per week in lieu of overtime. This system has worked perfectly and enables regular ante-mortem inspection and constant supervision of the slaughter and sale of meat to be carried out.

In 1954 the City Council passed a resolution under Section 61 of the Food and Drugs Act, 1938 with a view to closing all private slaughterhouses which were licensed at that time. Representation against the esolution was made by the owners of the private slaughterhouses, and his culminated in a Ministerial Enquiry held in Bradford in the Autumn. he Minister refused to confirm the resolution, and, for the time being, llowed the owners of private slaughterhouses to re-open them, subject o works being done to make them in all respects fit for the slaughter f animals for food. Eight owners elected to do the necessary work, nd licences for these slaughterhouses have now been renewed.

There has been a further reduction in the incidence of cysticercus bovis in cattle. Only eight cases were found during the year. The affected carcases and organs were treated in cold storage under the supervision of the meat inspectors. After treatment the meat was returned to the owners for disposal.

There has been a considerable increase in the number of cows slaughtered at the abattoir under the Tuberculosis Order, 1938. This has occurred because the Ministry of Agriculture and Fisheries has made Bradford a centre for this class of animal. The meat inspectors work in full co-operation with the inspectors of the Ministry, and a great deal of work has been done to eliminate tuberculosis in the milk herds of Yorkshire. In cases of congenital tuberculosis in calves, the respective dams have been traced by the Ministry of Agriculture and Fisheries after notification.

The Ministry of Agriculture and Fisheries has now put into operation the scheme to slaughter reactors from tuberculin tested herds, and many head of cattle have been killed at Bradford.

The laboratory set up at the abattoir in accordance with the Ministry's Working Party Recommendations has been of considerable value to the meat inspectors, and specimens are examined microscopically whenever necessary. Additional examinations which cannot be carried out in the abattoir laboratory are undertaken on behalf of the Local Authority by the M. R. C. Laboratory, Edmund Street, Bradford or by the Pathological Laboratory, St. Luke's Hospital, Bradford.

Research is being carried out in co-operation with the M. R. C. Laboratory on the incidence of *Salmonella bovis morbificans* in cattle, sheep and pigs, and many hundreds of specimens have been taken for this purpose.

A large number of specimens of all types were collected during the year for demonstration purposes at Bradford Technical College. Further specimens have been preserved and added to the exhibition in the abattoir lecture room.

Other Foods

Supplies of fish, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale fish warehouses and retail shops. Most of the fish, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods such as bacon, fats and tinned foods was 1,103.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Section II

Environmental Hygiene

DISTRICT INSPECTION

COMMON LODGING HOUSES

HYGIENE in
    FACTORIES
    WORKPLACES

OUTWORKERS

RAG FLOCK AND OTHER FILLING MATERIALS

SHOPS ACT

RODENT CONTROL

SMOKE ABATEMENT

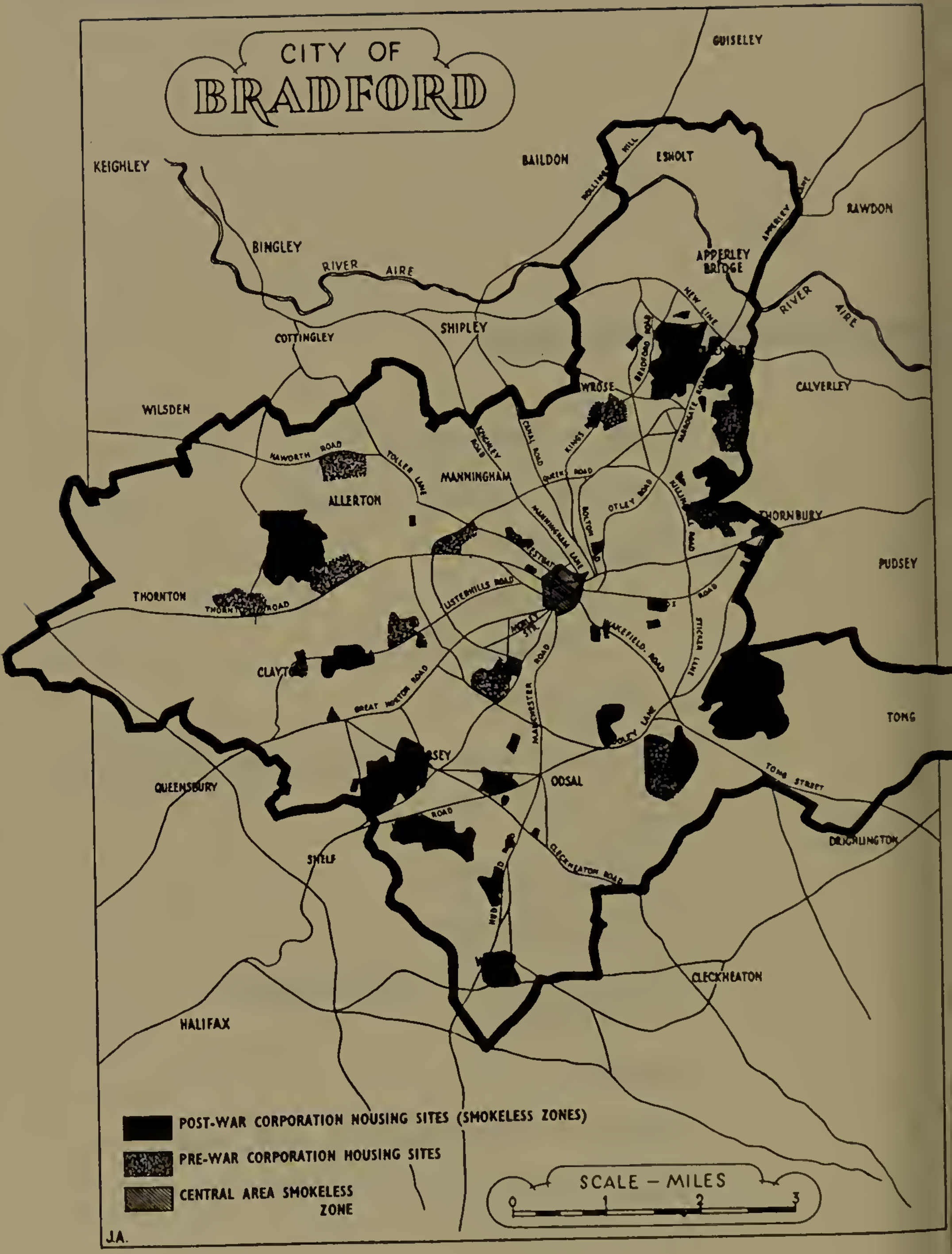
MEASUREMENT OF ATMOSPHERIC POLLUTION

HOUSING

BRADFORD CORPORATION ACT, 1949

DISINFECTION AND DISINFESTATION

WATER SUPPLY



■ POST-WAR CORPORATION HOUSING SITES (SMOKELESS ZONES)

▩ PRE-WAR CORPORATION HOUSING SITES

▨ CENTRAL AREA SMOKELESS ZONE

Environmental Hygiene

F. H. Myers, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

The scheme adopted by the City Council and executed under the provisions of Section 47 of the Public Health Act, 1936, aimed at the abolition of all waste water closets (tipplers), which was commenced towards the end of 1953, has been fully developed during the year. There have been delays in the early and later months due to difficult weather conditions but reasonable progress has been made, and the scheme is continuing to operate below the original estimated cost.

It is pleasing to report that the Minister of Housing and Local Government confirmed orders declaring twenty smokeless zones in the city, thus giving Bradford an acreage of such zones greater than that of any other authority in the country. On the other hand the dwindling staff of qualified sanitary inspectors has not resulted in the slum clearance campaign starting with the speed desired, although one area contained in the Picton Street Compulsory Purchase Order, and comprising 249 dwellings, was made during the year, and two other large areas were completed as regards preliminary inspection.

District Inspection

The district sanitary inspectors work under the supervision of the wo divisional inspectors and cover all the routine duties not allocated o specialist inspectors. They investigate all complaints, of which ,303 were received during the year, and, where these visits result in he service of notices, it often requires several additional visits to nforce satisfactorily the abatement of the nuisance. Whenever there as failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

During the year over 1,000 houses with waste water closets were dealt with. This involved preliminary survey, ascertainment of ownership—in itself often a lengthy process, service of notices, obtaining of tenders, letting of contracts and supervision of works in progress. On average each job incurred 9 or 10 visits, and this scheme added considerably to the many pressing duties of the district sanitary inspectors.

During the year the district inspectors supervised two exhumations and ensured that re-interment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were five registered common lodging houses in the city, comprising 26 sleeping rooms and affording nightly accommodation for 280 males, four females and four couples.

The total number of persons accommodated during the year was 64,007. The nightly average was 175, representing 58 per cent of the accommodation available.

The following table shows the number of nights spent by single men women, young persons and couples in common lodging houses during the year:—

Adults			8 to 21 years		Under 8 years	
Males	Females	Couples	Males	Females	Males	Females
62,894	1,113	—	—	—	—	—

All the houses have been lime-washed and cleansed in accordanc with the requirements of the byelaws made under the Public Healt Act.

The total number of inspections made during the year was 26. There have been no cases of infectious disease reported during the year in any common lodging house. No difficulties have been experienced in gaining admittance, and it has not been necessary to resort to police court proceedings.

Hygiene in Factories

At the year end the number of factories on the register which is kept by the Council in accordance with the requirements of Section 8 (3) of the Act was 2,675. This figure consists of 2,404 power factories and 271 non-power factories. A power factory is one in which mechanical power is used for purposes other than those of heating, lighting and ventilating the workrooms.

Although the major industries in the city are textile and engineering, it is the former which provides the work for approximately 41 per cent of the non-power factories.

Approximately 17 per cent of the visits were made to non-power factories in connection with cleanliness, temperature, ventilation and sanitary accommodation. At no time during the year was it necessary to take any action for overcrowding or ineffective drainage of floors. In power factories, the Council are only concerned with the provision and maintenance of suitable sanitary conveniences.

As the general trend is to improve the standard of sanitary accommodation in the factories, the main improvements during the year were in connection with this matter. Much of the work executed was due to action taken by the Council but there were a number of approved voluntary schemes carried out. The materials used for internal surfaces varied, but tiles or terrazzo were the choice when the improvements were of a high standard.

A full report will be found in the Appendix giving in detail the work carried out, and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

The Council are the enforcing authority under the Public Health Act with regard to such matters as cleanliness, overcrowding, ventilation and sanitary accommodation in workplaces. As in the previous year the routine inspection of such premises was not possible on any appreciable scale.

During the year 83 visits were made for the purpose of inspection and the supervision of work in progress. The provision of additional sanitary accommodation, including lavatory basins, was due to approved voluntary schemes which were carried out to improve existing conditions. As in previous years the class of work and materials used were of the usual high standard.

A summary of the work executed in connection with workplaces will be found in the Appendix alongside that for factories.

Outworkers

The register of outworkers was kept up to date and as the lists of outworkers sent to this Authority included 296 persons whose places of employment were outside the city, it was necessary to supply to 107 authorities the names and addresses of the persons residing in their areas in accordance with the requirements of the Factories Act, 1937, Section 110 (2).

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the Appendix.

Rag Flock and Other Filling Materials Act, 1951

In order to ensure that the standards of cleanliness laid down in the Regulations were maintained for the filling materials used in any form of upholstering and in the stuffing or lining of bedding, toys and baby carriages, 14 formal samples consisting of hair, rag flock, woollen mixture felt, cotton felt, Algerian fibre and cotton millpuffs were taken and submitted to the prescribed analyst. Only one sample of cotton millpuffs was reported as not satisfying the standard of cleanliness laid down by the Regulations made under the Act. With regard to this sample legal proceedings were instituted and the case is down for hearing in the early part of 1955.

Sixteen visits were made to licensed and registered premises.

Since the Act came into operation there have been two licensed premises in the city, but during the year the storage of rag flock in one of the premises was discontineud. The licence in respect of the premises where rag flock is manufactured was again renewed.

Due to a change of use one of the registered premises was removed from the register, and at the year end the total number of such premises in the city was 29.

Administration of the Shops Act, 1950

The total number of shops on the register at the end of the year was 7,024. Food was sold in 4,155 of these premises.

Continuous inspection was carried out throughout the year and many minor breaches of the Act were found. For example, in 108 shops employers had failed to exhibit the notice referring to specific provisions of the Act, and they were cautioned in each case. It was found that in 38 cases forms requiring seats for assistants had not been exhibited.

In four cases no notice was posted specifying the closing day. The number of shops which had not exhibited the prescribed form relating to the weekly half-holiday of shop assistants was 43, and in eight shops notices were not provided specifying the daily hours and meal times of young persons. In the retail shops employers had not fixed the abstract concerning the employment of young persons in four cases.

Eight shops, where mixed trades were carried on, did not exhibit notices of prohibited goods. In five cases shops were open for sale after closing hours.

As regards Sunday trading, eight shops were open for the sale of non-exempted articles, and in four cases notices indicating which articles were for sale were not displayed. In one case, Form VII was not kept in respect of Sunday employment of a shop assistant, and in another case compensatory holiday was not allowed in respect of Sunday employment.

In all cases of contravention of the Act a written warning was sent.

Rodent Control

Surface Infestations

During the year 2,149 premises were inspected and 1,119 infestations dealt with, 527 being rat infestations and 592 mice infestations. Eight hundred and twenty-nine infestations were notified by occupiers and 290 were discovered by inspection of premises. The work involved the laying of 12,000 baiting points, where 1,445 lbs. of poisoned bait were consumed and 511 bodies were discovered after treatment. One hundred and eighty-five premises were rat proofed.

Details of the various premises infested and dealt with are as follows:—

	Rats	Mice
Business Premises	108	162
Canteens	11	24
Cafes	6	11
Food Shops	54	65
Farms and Smallholdings	8	1
Private Dwellings	288	214
Schools and School Canteens	16	62
Markets and Abattoir	18	32
Tips	7	—
Other Local Authority Properties	11	21
	527	592

Disinfestation of Sewers

A 10 per cent test-baiting of sewers commenced in April 1954 when 225 manholes were test-baited. Of these 194 proved to be clear and 31 infested by rats. Following this, a poison treatment was carried out and 3,483 manholes were baited; 2,642 proved to be clear and 841 were poisoned. Six months later a second treatment followed on the infested areas and 2,198 manholes were baited, requiring the use of poison in 266 cases. The remaining 1,931 manholes proved to be clear. Compared with previous years' reports it is pleasing to note that there appears to be less activity in the sewers.

Total number of manholes baited	5,906
Total number of manholes poisoned..	1,108
Total number of manholes clear of rodents.. ..	4,573

Post-mortem examinations have been performed on numbers of rats and mice killed in the city during the year as a routine check on the bowel organisms which may be carried by these dangerous reservoirs of infection.

Smoke Abatement

During the year 40 complaints were received in connection with smoke emissions and seven complaints in connection with grit emissions. All the complaints were investigated and 19 smoke nuisances and two grit nuisances were found. As a result of the investigations 18 informal and three formal notices were served on the offending persons. In all cases some definite improvement was effected.

There were 158 observations made of industrial chimneys and on three occasions black smoke was seen to be emitted in excess of the prescribed period of the smoke byelaw. A notice was served in each case. Although the incidence of black smoke is approximately two per cent of the number of observations the incidence of smoke of such quantity and density to be termed "border line" was much in evidence throughout the year. During the year 365 first visits and 39 revisits were made in connection with atmospheric pollution. There were 1,133 visits made to premises within the smokeless zones.

For several years the work in connection with atmospheric pollution has been carried out by officers who have also been responsible for other duties. This year brought an improvement in the position. The City Council were able to appoint a full time smoke inspector, and this has allowed for intensification of the general policy regarding smoke abatement. It has not only been possible to caution offenders but to tender advice on the operation and maintenance of boiler plant and the installation of new fuel burning appliances which will be acceptable in premises within the smokeless zones.

During the year the Minister of Housing and Local Government confirmed the new smoke byelaw made by the City Council under the provisions of the Public Health Act, 1936. The byelaw came into operation on the 1st July and relates to the emission of black smoke from a chimney of any building, other than a private house, for more than two minutes in any continuous period of thirty minutes. The introduction of the new byelaw has been made widely known to boiler plant operators and has proved instrumental in bringing about a reduction of smoke emissions. Under the old byelaw the permitted emission of black smoke was for three minutes.

During the year a very successful domestic smoke campaign was held in the West Riding under the joint auspices of the West Riding Regional Smoke Abatement Committee and the Solid Smokeless Fuel Federation. The campaign was maintained for one month. Several public meetings and film shows were held and a mobile exhibition visited the city as well as many other neighbouring authorities. The exhibition was able to show several solid smokeless fuel burning appliances in actual operation, all of which would be suitable for use in smokeless zones.

It was pleasing to note that this year a special short course of lectures dealing with the practical work of the boiler operator and also the ordinary courses run by the Bradford Technical College for boiler operators who are preparing for the City and Guilds of London Institute examination attracted a very good enrolment.

In August 1954 the Minister of Housing and Local Government confirmed the new City of Bradford (Smokeless Zones) Order made by the City Council under the provisions of the Bradford Corporation Act,

1949. The scope of the Order, which will come into operation on the 1st April, 1955, has been greater than could normally have been expected by reason of an outstanding decision made in the immediate post-war period by the City Council to adopt a recommendation of the Health and Housing Committee of that day, that the tenancy of each post-war municipally built dwelling be granted subject to the condition that only smokeless fuel be used by the tenant.

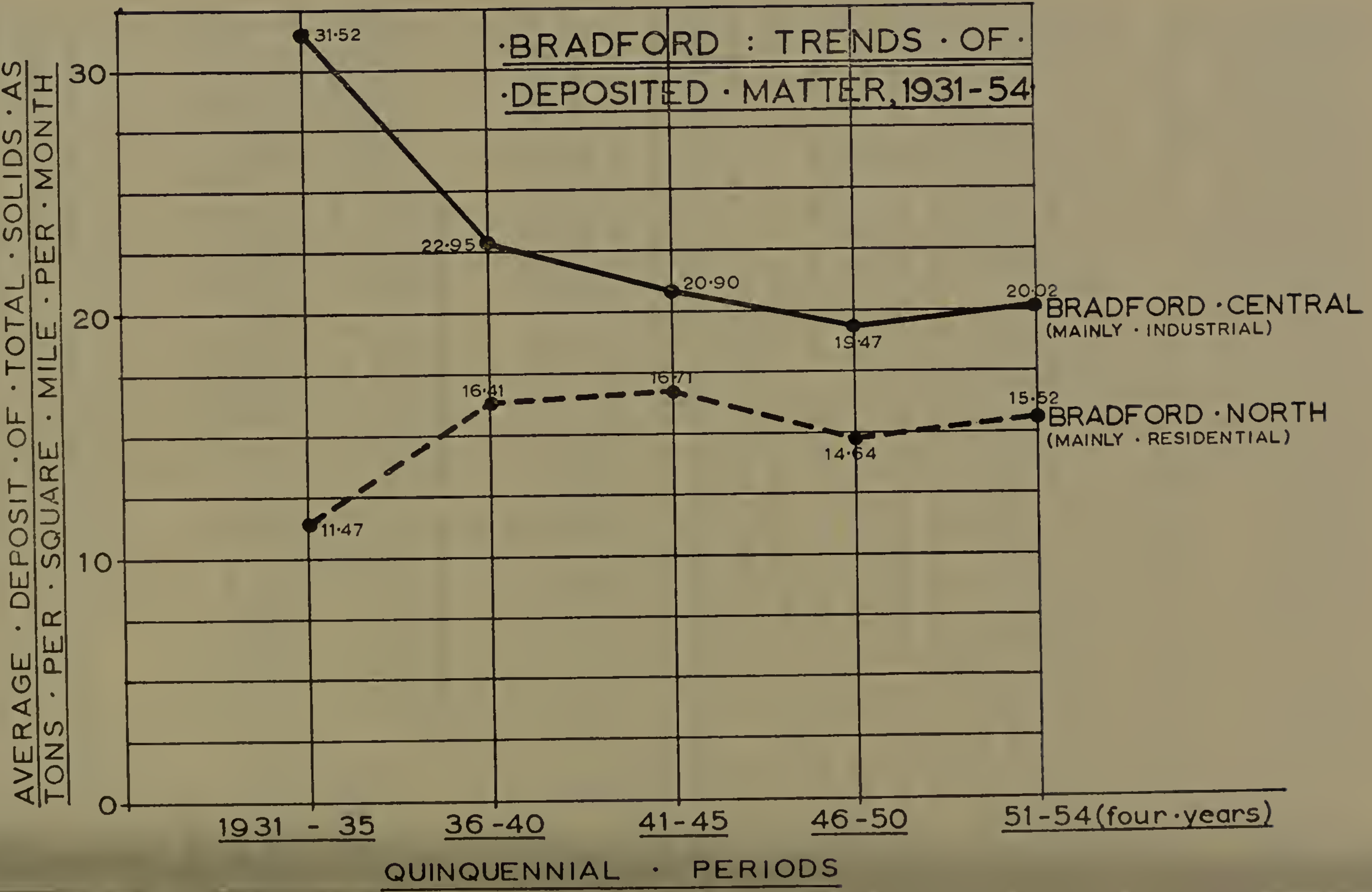
This momentous decision has placed Bradford well in the lead amongst those authorities who are fighting against atmospheric pollution. Not a single post-war house built by the Corporation contributes in the slightest degree to the smoke pall which hangs over the city for many days of the year, particularly in the winter months. Five thousand houses have been completed, others are in course of construction, and more are at the planning stage. In 19 areas which have now been declared smokeless zones this outstanding progress has been effected quietly and without difficulty and with the utmost co-operation of the new tenants. This achievement enables Bradford to claim the distinction of being the first authority in the county to carry out such a policy on such a scale. In addition to the municipal housing estates an area of 59·21 acres in the centre of the city has been declared a smokeless zone. In all, the twenty smokeless zones comprise approximately 1,500 acres, an area equivalent to six per cent of the total acreage of the City.

Measurement of Atmospheric Pollution

The standard deposit gauges and the lead peroxide instruments were maintained at the five established stations. The volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere, which is fixed in the Town Hall, was in operation throughout the year, including Sundays and statutory holidays.

Deposit Gauges

Now that there are five stations in operation, it is becoming apparent that a more accurate indication is obtained of the extent of atmospheric pollution than prior to 1950, when only two stations were maintained in the city.


·BRADFORD : TRENDS · OF ·
·DEPOSITED · MATTER, 1931-54·
AVERAGE · DEPOSIT · OF · TOTAL · SOLIDS · AS
TONS · PER · SQUARE · MILE · PER · MONTH
30
20
10
0
31·52
22·95
20·90
19·47
20·02
BRADFORD · CENTRAL
(MAINLY · INDUSTRIAL)
11·47
16·41
16·71
14·64
15·52
BRADFORD · NORTH
(MAINLY · RESIDENTIAL)
1931 - 35
36-40
41-45
46-50
51-54 (four · years)
QUINQUENNIAL · PERIODS

The monthly reports received from the City Analyst show that the annual deposit was more than in the previous year. The approximate increases were: tarry matter 38 per cent, carbon 23 per cent, ash 22 per cent, sulphate 26 per cent, and chlorine 42 per cent. On comparing these figures with those based on the average for the five years that the five stations have been operated, it was found that they showed similar rates of deposition as all the other years, except last year, which showed a substantial decrease. The figures for the five year period also show that a marked difference of readings may arise from station to station and in some cases a noticeable fluctuation of deposited matter on an individual station. Although the geographical location and the site of a station can influence the possible rates of collection, it is felt that the weather exercises the most influence. The wind, the rain and atmospheric temperatures, collectively and individually, appear to be able to cause deposit rates to change from one extreme to another without any noticeable change occurring in the quantity of smoke arising from industrial and domestic premises in a district.

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was hours 54 minutes. In the interest of health, advantage must be aken of the small amount of available sunshine and the ultra-violet adiation associated with it, but, unfortunately, this cannot be fully chieved without first obtaining smokeless air.

Lead Peroxide Instruments

Analysis of the samples collected at the five stations are given below milligrams of SO_2 per day per 100 square centimetres of lead peroxde for the twelve months' period:—

1954	Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
nuary	4·60	2·48	2·22	2·35	1·81
bruary	4·05	3·83	2·22	2·56	1·68
rch	4·63	2·80	1·93	2·36	1·85
pril	2·23	1·64	1·47	1·36	1·20
y	2·02	1·55	1·04	1·17	1·08
ne	1·88	1·18	0·88	0·95	1·02
ly	1·66	0·97	0·76	0·89	0·89
gust	1·55	1·08	0·85	0·89	0·65
ptember	2·01	1·76	0·93	1·12	1·00
tober	2·22	1·65	1·31	1·84	1·10
vember	3·85	2·93	1·36	2·69	1·53
cember	2·49	2·49	1·74	1·76	1·46

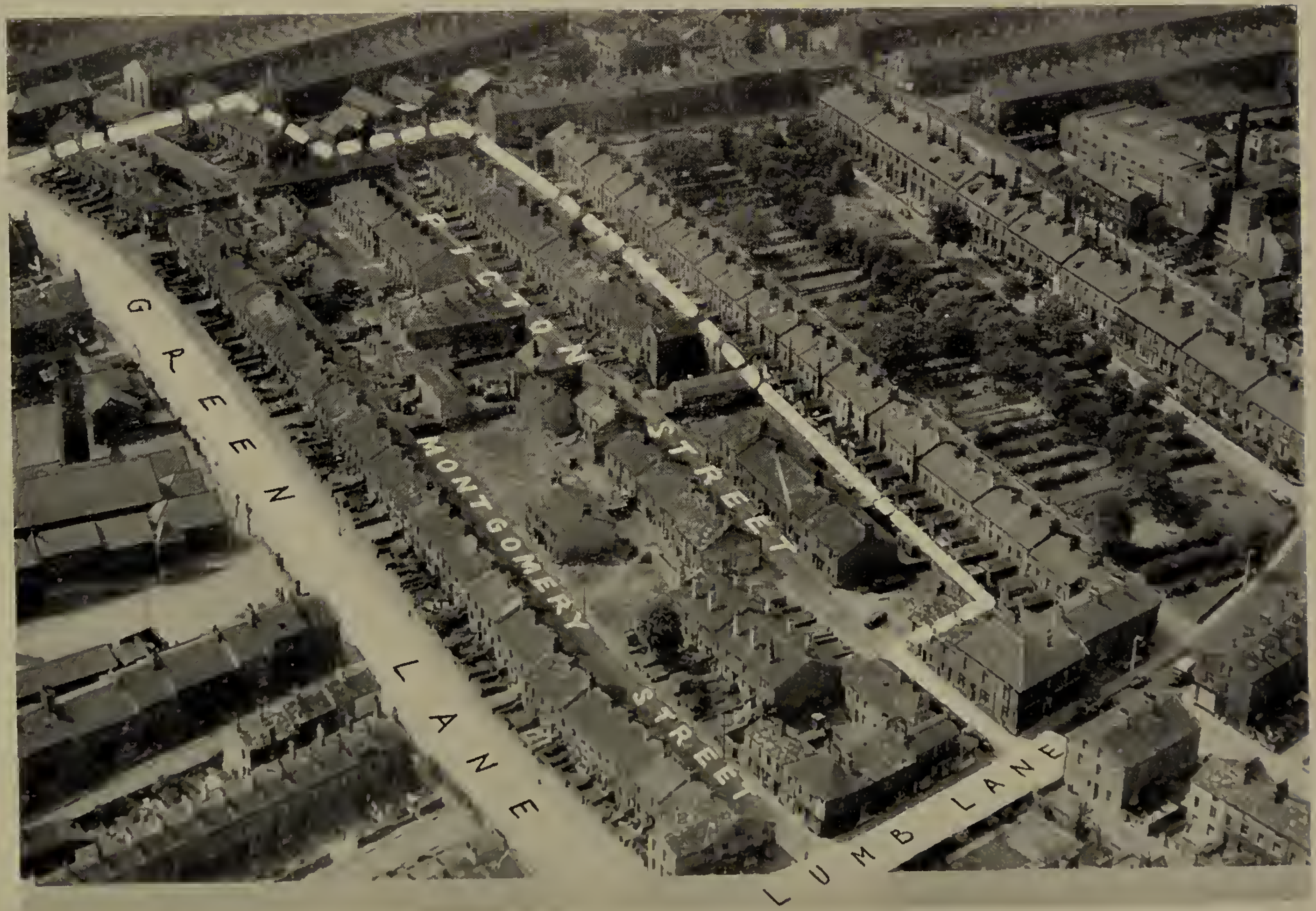
Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatu

The apparatus for measuring the daily concentration of sulphur dioxide and smoke has been in operation continually for the last thre years. For statistical purposes this length of time is insufficient t show any definite change in the area, although there are indication that the amount of smoke and sulphur dioxide concentrations ar closely related and in some cases directly proportional to each other

In order to ascertain the daily variations during the summer an winter months, separate records were kept. The months from April t September inclusive were taken as representing the summer period On comparing the daily averages for the summer with those for th same period in the previous year it was found that the smoke concentration had increased but the sulphur dioxide had decreased. The winte figures, however, indicated a decrease of both pollutants. It is pleasin to note this latter fact when we think of the possible effects that mixture of smoke and fog, or "smog," can have in winter on thos people who suffer from chest troubles, etc., as instanced by the fatalitie which occurred in London, November 1952.

The daily concentration is greatly affected by the atmospheri conditions, and as the daily, weekly or yearly variations do not necessarily indicate the general trend, it is intended to continue further wit these observations.

The figures given on page 199 show the highest, the average and th lowest daily mean concentration of sulphur dioxide and smoke for eac month of the year. They also show the percentage of days of each mont when the sulphur dioxide was (1) below 0·1, (2) between 0·1 and 0· and (3) above 0·2 parts per million.



Photograph by C. H. WOOD (BRADFORD) LTD.

CITY OF BRADFORD (PICTON STREET)
COMPULSORY PURCHASE ORDER, 1951.

Month	Smoke expressed as milligrams per 100 cubic metres			Sulphur dioxide expressed as parts per 100 million parts of air			Percentage of days (SO_2 expressed as parts per million of air)		
	Highest Value	Average Value	Lowest Value	Highest Value	Average Value	Lowest Value	Above 0·2	Between 0·1–0·2	Below 0·1
January	108·37	44·47	7·22	33·61	14·99	4·74	19·4	51·6	29·0
February	139·14	55·26	21·40	48·34	19·86	8·94	35·7	57·2	7·1
March	107·03	43·27	21·14	35·54	14·60	6·94	9·6	67·8	22·6
April	59·28	29·94	7·22	18·55	10·48	5·58	3·3	50·0	46·7
May	43·89	9·84	7·89	11·97	7·35	3·75	Nil	16·0	84·0
*June	33·02	19·64	8·14	7·91	5·61	3·83	Nil	Nil	100·0
*July	19·05	7·68	3·21	4·89	2·92	1·18	Nil	Nil	100·0
August	27·85	16·98	6·72	8·57	4·55	1·56	Nil	Nil	100·0
September ..	60·05	20·56	3·48	14·67	6·55	2·17	Nil	13·8	86·2
October	56·39	28·46	13·44	24·30	5·14	4·24	3·2	16·1	80·7
November.. ..	105·73	39·85	7·22	39·16	14·71	6·05	20·0	53·4	26·6
December	105·73	37·90	3·75	37·62	12·13	2·86	13·3	33·3	53·4

* The smoke filter apparatus was out of commission during the last week of June and the first two weeks of July for necessary repairs. The figures shown for these months have been calculated from the total number of available readings.

Housing

For the first time since the war it was found possible to commence inspection of dwellings in areas suitable for slum clearance, and during the year one area of 240 houses (Picton Street Area) was completed to the representation stage and two other areas were substantially completed as regards preliminary inspection. These contain 190 and 400 houses respectively and will be represented during the coming year.

Throughout the year it has been found necessary to represent 96 individually unfit houses under Section 11 and, in addition, 62 houses were closed as being unfit for human habitation under the terms of the Bradford Corporation Gas and Improvement Act, 1871. This need for individual action arises continuously, and will continue to do so in spite of the implementation of a vigorous slum clearance programme, for many of the original villages now incorporated in the city contain cottages which are older than houses in down-town clearance areas. Such properties frequently exhibit signs of decay and excessive dampness that cannot be remedied at reasonable cost, and, whilst densities are not always as high as in central areas, such houses must be removed.

Further details of the work in regard to housing are shown in the Appendix.

Cases of over-charging have been successfully represented to the Tribunal established under the Furnished Houses (Rent Control) Act, 1946, and reductions have been thereby effected.

Rehousing Work

Inspections were made of the effects of all persons who were applicants for tenancies of Corporation houses when they qualified under the "points" scheme for a house. Further, an inspection was made of the houses involved when tenants made application for transfers or exchanges, and all vacant Corporation houses were inspected before they were re-allocated.

To this end, during the year 1954, 3,101 visits were made by the housing inspectors. Of these, 1,492 inspections were made of the premises occupied by applicants for Corporation houses, and 192 were found to be verminous. The tenants of 110 of these verminous houses were subsequently rehoused, and disinfestation was carried out in each case prior to removal.

The number of inspections made of Corporation houses involved in transfers or exchanges was 546, and 17 were found to be verminous. Unoccupied houses inspected numbered 278, and 22 were found to be verminous. These houses were disinfested prior to re-letting. In all, 1,252 visits were abortive, for in many cases the applicant had gone away without informing the Estate Office of the change of address or, in the case of transfers, the applicant had suffered a change of mind.

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 967 claims for such priority were investigated during the year and in 148 cases special recommendations were made. Thus 15·3 per cent of the cases investigated were supported, which represents 9·62 per cent of the total of 1,537 lettings made during the year.

Of the cases supported on medical grounds 42·56 per cent were in respect of patients suffering from pulmonary tuberculosis.

In addition to the foregoing, 183 applications were received for transfer from one Corporation house to another on medical grounds. After investigation, 72 (or 39 per cent) of these applications were supported.

Bradford Corporation Act, 1949

Establishments for Massage or Special Treatment

The Health Committee, maintaining its policy of refusing to grant licences under the above Act to persons wishing to practise massage or special treatment in establishments within the city who do not possess suitable qualifications, refused two such applications during the course of the year. No appeals were made by these applicants against the decision of the Committee.

At the start of the year 88 current licences were in force, and at the annual general meeting of the Committee it was reported that all establishments had been re-inspected and, with one exception, no breaches of the byelaws had been observed.

In this one case the licensed person had again failed to keep up to date the record of particulars of cases of curative treatment as required by byelaw 6. This person was again interviewed by the Deputy Medical Officer of Health and, in the circumstances, it was decided not to take legal proceedings providing no further breach of this byelaw occurred.

At the close of the year the position was that 88 current licences were in force in respect of these establishments, and with regard to the

"Registered Members" under the provisions of Section 68 of the Act, the necessary exemption certificates were duly received in respect of the three such establishments in the city.

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 411 such premises on the register, and during the year 245 visits were made to them. Generally speaking, the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the byelaws were observed during these visits, mostly of a minor character. Occupiers were warned either verbally or by letter, and upon re-inspection conditions were found to be satisfactory.

Disinfection and Disinfestation

The work of this section of the Department is summarised in the tables given below.

The figures for disinfection are considerably less than the previous year, whilst those for disinfestation show no material change.

An increase is noted in the figures for the cleansing of verminous persons and articles treated at the disinfecting station, mainly in respect to school-children sent for treatment for the eradication of head lice. Increased vigilance at the clinics is no doubt responsible for the higher figures, rather than any spread of such infestations.

Disinfection	
Number of premises disinfected	616
Number of rooms disinfected	626
Number of articles disinfected	453
Number of library books destroyed	403
Disinfestation	
Number of premises disinfested	404
Number of rooms disinfested	981
Number of articles disinfested	2,491

Cleansing of Verminous Persons and Articles

(1) *Scabies*

New Cases		Number of Treatments Given
Pre-school children	2	5
School children	12	35
Adults	6	15

(2) *Head and Body Lice, Fleas, etc.*

New Cases		Number of Treatments Given
Pre-school children	61	111
School children	484	1,264
Adults	91	192
Number of cases from outside the city	1 adult	2 (scabies)
Number of operations of steam disinfecting machines		176

Water Supply

The following report on Bradford's water supply has been prepared with the assistance of Mr. G. F. Renton, B.SC., M.I.C.E., M.I.W.E., Waterworks Engineer.

(i) *Quality and Quantity*

The water supply to the area of the city supplied by the Corporation has been satisfactory both in quality and quantity.

(ii) *Bacteriological Examination*

Bacteriological examinations have been made on 1,150 samples taken throughout the area of supply and at the treatment plants. Of this number, 756 were samples of treated water and 92·1 per cent of these were free from bact. coli.

(iii) *Chemical Analysis*

The following is a typical chemical analysis:—

	parts per million
Total solids	120
Chloride	10
Total hardness	40
Lead, copper, zinc	Nil
Iron	Nil
Free ammonia	0·01
Albuminoid ammonia	0·08
Nitrous nitrogen	Nil
Nitric nitrogen	0·11
Free chlorine	Nil
ph	7·2

This water is of good organic purity.

(*Signed*) F. W. M. Jaffe,
Public Analyst.

(iv) *Plumbo Solvency*

The following table shows the reservoirs, sources and places of treatment, at different levels, of the water supply of the city.

Reservoir	Source	Treatment	Level
Brayshaw	Worth Valley	Thornton Pressure Filters and Thornton Moor ..	High
Horton Bank ..	do.	do.	do.
Stubden	do.	Thornton Pressure Filters	do.
Thornton Moor ..	do.	Thornton Moor	do.
Chellow Heights ..	Nidd Valley	Chellow Heights	Intermediate
Heaton	Barden ..	Gilstead	Low
Gilstead	do. ..	do.	do.

During the year, 384 samples of water were analysed for plumbo solvency.

The average pH values of the waters were as follows:

Level	Reservoir	No. of Samples	Average pH
High ..	Brayshaw ..	21 samples, first draw	6·9
		21 samples, after running to waste	6·9
do... ..	Horton Bank ..	24 samples, first draw	6·9
		24 samples, after running to waste	6·9
do... ..	Stubden ..	25 samples, first draw	6·9
		25 samples, after running to waste	7·0
do... ..	Thornton Moor	24 samples, first draw	7·1
		24 samples, after running to waste	7·2
Intermediate	Chellow Heights	49 samples, first draw	7·2
		51 samples, after running to waste	7·2
Low ..	Heaton ..	23 samples, first draw	7·0
		25 samples, after running to waste	7·0
do... ..	Gilstead ..	24 samples, first draw	7·0
		24 samples, after running to waste	6·9

Of the 384 samples, 14 showed lead content. Each case was reported to the Waterworks Engineer who forthwith took steps to adjust the degree of hardness of the water in question. Repeat samples proved the efficacy of his action.

(vi) *Number Supplied with Water*

The area of supply of the Corporation includes the whole of the city with the exception of some 130 houses in Esholt, which are supplied with water by the Yeadon Water Company Ltd.

In the area of the city generally supplied by the Corporation, 110 houses are without a piped supply from public water mains. These premises, mostly in outlying districts, draw water from wells, springs etc., but it is anticipated that during 1955 work will be commenced in the scheme to give to these remaining premises a piped supply.

There are no stand pipe supplies.

Appendix

Table I *Vital Statistics of Whole District,* 1944–1954

Year	Population estimated to Middle of each Year	Births			Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Un-corrected Numbers	Net				of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate	Number	Rate			Number	Rate per 1,000 Net Births	Number	Rate
1944 ..	261,890	4,823	4,645	16·15	4,230	16·2	447	151	249	53	3,934	15·0
1945 ..	262,660	4,313	4,136	15·84	4,169	15·9	423	156	271	65	3,902	14·9
1946 ..	279,040	5,871	5,404	19·39	4,371	15·7	471	135	265	49	4,035	14·4
1947 ..	284,900	6,473	6,334	22·23	4,782	16·8	494	151	380	59	4,439	15·6
1948 ..	288,500	5,599	5,439	18·84	4,193	14·5	467	145	235	43	3,871	13·4
1949 ..	291,600	5,344	5,048	17·3	4,637	15·9	592	178	191	38	4,223	14·5
1950 ..	294,300	5,111	4,906	16·7	4,517	15·4	497	153	185	38	4,173	14·2
1951 ..	289,800	4,919	4,769	16·4	5,008	17·3	731	179	208	43	4,456	15·4
1952 ..	288,000	4,885	4,744	15·9	4,372	15·0	638	211	155	33	3,945	13·7
1953 ..	286,600	4,871	4,653	15·9	4,502	15·4	554	111	169	36	4,059	14·2
1954 ..	286,500	4,942	4,702	16·4	4,789	16·7	698	145	146	31	4,236	14·8

Table 2 *Vital Statistics in Bradford,* 1920–1954

Year	Population	Birth Rate	Death Rate	Infantile Mortality Rate
1920	293,979	20·52	13·31	93
1921	291,100	19·57	13·72	109
1922	291,300	17·92	14·02	87
1923	290,800	18·19	13·75	78
1924	290,200	16·94	14·86	92
1925	290,200	16·63	13·97	95
1926	288,700	16·31	13·58	92
1927	293,200	14·73	14·57	92
1928	288,500	15·32	13·60	69
1929	289,200	15·03	15·66	80
1930	293,254	14·92	13·45	75
1931	300,900	13·56	14·21	71
1932	296,300	13·56	13·89	75
1933	295,100	13·22	14·68	79
1934	293,650	13·68	13·35	62
1935	292,200	13·55	14·28	64
1936	290,500	13·42	14·93	82
1937	289,510	13·85	14·64	69
1938	288,700	13·51	13·76	58
1939	287,500	12·42	14·91	61
1940	*271,700	12·81	15·85	68
1941	*270,310	12·35	14·81	68
1942	*264,800	13·90	13·29	50
1943	*260,300	14·46	14·43	58
1944	*261,890	16·15	15·00	53
1945	*262,660	15·84	14·90	65
1946	*279,040	19·39	14·46	49
1947	284,900	22·23	15·60	59
1948	288,500	18·84	13·41	43
1949	291,600	17·3	14·50	38
1950	294,300	16·7	14·2	38
1951	289,800	16·4	15·4	43
1952	288,000	15·9	13·7	33
1953	286,600	15·9	14·2	37
1954	286,500	16·4	14·8	31

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1954

Age Periods	Number of Primary Formal Notifications of New Cases of Tuberculosis														*	Grand Total
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)		
Respiratory, Males.. ..	–	2	3	4	3	12	13	35	32	27	20	7	–	158	8	166
Respiratory, Females ..	1	–	5	6	1	13	21	28	11	2	3	2	1	94	3	97
Non-respiratory, Males ..	1	–	–	3	1	4	–	11	2	–	–	–	1	23	–	23
Non-respiratory, Females ..	–	–	1	2	1	–	1	4	–	–	–	–	–	9	2	11
											Totals	..	..	284	13	297

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and post-humous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease,* 1954

Disease	At all ages	At ages—Years Under 1	1–2	3–4	5–9	10–14	15–24	25 and over	Age un-known
Scarlet Fever	514	2	34	136	299	27	8	8	—
Measles	887	43	214	252	371	6	–	1	–
Whooping Cough ..	617	59	144	189	208	9	3	5	–
Chicken Pox	1,653	59	247	380	834	74	26	27	6
German Measles ..	103	10	25	30	27	7	3	1	–
Poliomyelitis	8	1A	1A	2A	1A1B	–	2A	–	–
Meningococcal Infection	7	2	–	2	2	1	–	–	–
Acute Encephalitis ..	2	–	–	–	2B	–	–	–	–
Puerperal Pyrexia ..	23	–	–	–	–	–	12	10	1
Ophthalmia Neonatorum	9	9	–	–	–	–	–	–	–
Pemphigus	2	2	–	–	–	–	–	–	–

Poliomyelitis: A—Paralytic
B—Non-paralytic

Acute Encephalitis: A—Infective
B—Post-infectious

	At all ages	Under 5	5–14	15–44	45–64	65 and over	Age un-known
Paratyphoid Fever ..	3	1	–	2	–	–	–
Dysentery	637	400	149	60	9	7	12
Infective Enteritis ..	1,022	494	205	220	80	23	–
Food Poisoning.. ..	45	13	9	12	9	2	–
Salmonellosis	120	48	19	33	8	2	10
Pulmonary Tuberculosis	252	10	14	166	52	10	—
Non-pulmonary Tuberculosis	32	2	7	22	–	1	–
Pneumonia	464	105	46	96	113	101	3
Erysipelas	78	1	–	21	41	15	–

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children.* *Summary of Work Done*, 1954

	No. of Patients	No. of Visits	Temporary Teeth		Permanent Teeth		Scaling and Polishing	Dressings	Polishing and Trimming Fillings	Dentures and Repairs	General Anaesthetics	Local Anaesthetics	Root Treatments	Ag. No. 3	Fraenum Excised	Gingevectomy
			Extractions	Fillings	Extractions	Fillings										
St. Luke's Hospital Ante-Natal	120	309	1	—	250	54	16	7	12	22	48	42	2	—	—	1
Edmund Street Ante-Natal	813	2044	—	—	1166	403	88	65	85	186	235	197	8	4	—	1
Occupational Centre ..	22	23	6	—	28	2	1	—	—	—	17	—	—	—	—	—
Pre-School Children ..	714	999	1219	100	—	—	—	7	7	—	832	6	—	6	—	—
Child Clinic — Day Nurseries	331	149	40	167	—	—	—	3	1	—	26	1	—	44	—	—
School Children ..	84	387	3	—	12	15	—	1	6	51	7	5	—	—	1	—
Odsal Health Centre—Expectant and Nursing Mothers.. ..	55	91	—	—	40	27	4	—	—	—	4	—	—	—	—	—
Odsal Health Centre—Pre-School Children	23	27	17	1	—	—	—	—	—	—	10	—	—	—	—	—
Totals ..	2162	4029	1286	268	1496	501	109	83	111	259	1179	251	10	54	1	2

Table 6 *Food Premises Registered under Section* 14, *Food and Drugs Act*, 1938, *and Dairies Registered under Milk and Dairies Regulations*, 1949. *Number of Inspections*, 1954

	Number	Number of Inspections
Section 14, *Food and Drugs Act*, 1938		
Premises used for the sale, storage or manufacture of ice cream	535	1,731
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats	276	814
Premises used for the preparation of fish by any process of cooking (fried fish shops)	282	903
Milk and Dairies Regulations, 1949		
Dairies	52	297

Table 7 *Number of Food Premises by Type of Business as at* 1954

Type of Business	Number
Bakehouses (including 15 basement bakehouses) ..	366
Butchers' Shops	419
Confectioners' Shops	443
Fish, Fruit and Game Shops	374
Grocers' Shops	952
Fish Friers' Shops	283
Tripe Shops	37
Sweets Shops	331
Public Houses	400
Clubs	120
Restaurants and Cafes	280
Ice Cream Manufacturers	9
Mineral Water Manufacturers	12
Potato Crisps Manufacturers	2
Pickle Manufacturers	2
Wholesale Miscellaneous Food Warehouses	125
	4,155

There are now 4,155 premises within the city where food is sold, handled, prepared or stored for sale for human consumption (not including industrial canteens, school dining rooms, etc.).

In addition, 7 vans used by mobile food retailers were inspected during the year.

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act,* 1950 *applies (not included in the above table) by Type of Business, as at* 1954

Type of Business	Number
Boot Repairers and Grindery	169
Chemists and Druggists	127
China and Glassware	19
Drapers	223
Electrical and Wireless	119
Florists	34
Furnishers	134
Hardware, Ironmongery	173
Hairdressers	411
Jewellers	45
Motors, Cycles, Petrol	135
Newsagents	279
Pawnbrokers	17
Photographers	15
Wearing Apparel	519
Wallpaper and Decorators	56
Mixed Businesses	122
Miscellaneous Trades	222
Wholesale Shops and Warehouses	170

Table 9 *Administration of the Food and Drugs Act*, 1938, *and the Shops Act*, 1950, *during* 1954

Complaints investigated	66
Notices served	—
Informal letters sent	166
Notices complied with	—
Food and Drugs Act, Section 13. Contraventions rectified:—	
(*a*) Sanitary conveniences in direct communication with food room amended	3
(*b*) Drains in food premises abolished	—
(*c*) Walls, ceilings, floors, windows and doors repaired	32
(*d*) Walls, ceilings and doors painted, white washed or cleansed	193
(*e*) Use of sleeping rooms directly connected to food premises discontinued	—
(*f*) Ventilation provided or improved	—
(*g*) Refuse removed and floors cleansed	35
(*h*) Dirty clothing cleansed or removed and apparatus cleansed	3
(*i*) Hot water, wash basins, soap and towels provided	28
Byelaws made under Section 15. Contraventions rectified	172
Industrial canteens visited	2
Details of work executed:—	
Additional sanitary accommodation provided	4
Ventilated space provided for sanitary accommodation	—
Water closet apartments lighted or ventilated	1
Water closet apartments cleansed	32
Water closet pedestals cleansed	10
Water closet general repairs	7
Water closet pedestals renewed	1
Water closet flushing apparatus amended	2
Waste water closet converted to W.C.	—
Soil pipes renewed	2
Waste water closets abolished	—
Choked drains cleansed	9
Drains amended	—
Drains reconstructed	—
Waste pipes trapped	—
Sinks renewed	6
Refuse bins provided	2
Urinals cleansed	—
Urinals amended or screened	4
Verminous premises dealt with	6
Other nuisances	3
Drain testing:—	
Number of volatile, colour and smoke tests—Positive	8
Number of volatile, colour and smoke tests—Negative	39
H.M. Inspector's reports investigated	—
Reports to H.M. Inspector	—
Additional work:—	
Premises proofed against rodents under the Prevention of Damage by Pests Act, 1949	—

Table 10 *Inspections and Contraventions under the Shops Act,* 1950, *during* 1954

Number of shops on register	7,024
Total number of inspections	4,098

Offences Ascertained	No. of Offences	No. of Verbal Warnings	No. of Verbal Warnings Confirmed by Letter
Prescribed form relating to half holiday of assistants not displayed	43	43	—
Correct meal times not allowed to assistants	—	—	—
Half holiday not allowed to assistants..	—	—	—
Notice of day or weekly half holiday not fixed.. ..	4	4	—
Shop open after closing hour on weekly half holiday..	7	7	7
Notices not displayed in mixed shops on weekly half-holiday	8	8	8
Hawking on weekly half holiday after hour fixed by Order	—	—	—
Shop open after closing hour fixed by Closing Order..	5	5	5
Selling in places after closing hour	—	—	—
Without notice relating to seats—Form K	38	38	—
Seats not provided for female shop assistants.. ..	2	2	2
Sunday Trading Restrictions			
Shop open for non-exempted sales	8	8	8
Notices not displayed stating purpose for which shop open	4	4	4
Without Form VII	1	1	1
Assistants employed on more than three Sundays in a month	—	—	—
Assistants not allowed a compensatory holiday ..	1	1	1
Young Persons			
Abstract relating to young persons not displayed—Forms H and J	4	4	—
Young persons employed more than 48 hours per week	1	1	1
Young persons employed in shop after being employed in factory for permitted hours	—	—	—
Without schedule of young persons hours—Form F	4	4	—
Without overtime record—Form G	—	—	—
Young persons employed overtime in excess of yearly limit	—	—	—
Overtime worked by young persons in more than 6 weeks	—	—	—
TOTALS	130	130	37

Table II *Number of Samples Procured and Examined in* 1954

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-formal	Total	Formal	In-formal	Total
Adult Nerve Tonic Syrup	–	1	1	–	–	–
Antacid Tablets	–	1	1	–	–	–
Apple and Raspberry Jam	1	2	3	1	1	2
Apple and Strawberry Jam	1	1	2	–	1	1
Aspirin	–	1	1	–	–	–
Backache and Kidney Pills	–	1	1	–	–	–
Baking Powder	–	4	4	–	–	–
Beans in Tomato Sauce	–	1	1	–	–	–
Beef Paste	–	1	1	–	–	–
Beef Sausage	–	25	25	–	–	–
Bicarbonate of Soda	–	1	1	–	–	–
Blancmange Powder	–	1	1	–	–	–
Boracic Acid Crystals	–	1	1	–	–	–
Brandy	1	–	1	–	–	–
Brazil Butters	–	1	1	–	–	–
Butter	–	7	7	–	–	–
Butter Drops	–	1	1	–	–	–
Butterscotch	–	1	1	–	–	–
Butterscotch Pieces	1	1	2	–	1	1
Cake Mix	–	2	2	–	–	–
Canned Garden Peas	–	1	1	–	–	–
Cheese	–	1	1	–	–	–
Cheese Flavoured Oat Cakes	–	1	1	–	–	–
Cheese Spread	–	1	1	–	–	–
Chest and Lung Lozenges	–	1	1	–	–	–
Chest and Lung Mixture	–	1	1	–	–	–
Coconut	–	2	2	–	–	–
Coconut Butters	–	1	1	–	–	–
Coffee	–	1	1	–	–	–
Coffee and Chicory Essence	–	4	4	–	–	–
Cold and Influenza Tablets	–	1	1	–	–	–
Condensed Milk	–	2	2	–	–	–
Cough and Bronchitis Mixture	–	1	1	–	–	–
Cough Mixture	–	2	2	–	–	–
Crab Paste	–	2	2	–	–	–
Desiccated Coconut	–	1	1	–	–	–
Dressed Crab	–	1	1	–	–	–
Dried Fruit	–	2	2	–	–	–
Dried Mint	–	1	1	–	–	–
Dripping	–	1	1	–	–	–
Evaporated Milk	–	2	2	–	–	–
Figs	–	1	1	–	–	–
Fish Cakes	–	2	2	–	–	–
Fish Paste	–	1	1	–	–	–
Fresh Cream	–	2	2	–	–	–
Fresh Cream Savoy Fingers	–	1	1	–	–	–
Friar's Balsam Pastilles	–	1	1	–	–	–
Fruit Flavoured Milk	–	1	1	–	1	1
Fruit Lolly	–	1	1	–	–	–
Grapefruit Crush	–	1	1	–	–	–
Glacé Cherries	–	1	1	–	–	–
Ground Rice	–	1	1	–	–	–
Herbal Pills	–	1	1	–	–	–
Ice Cream	–	11	11	–	–	–
Indian Brandee	–	1	1	–	–	–

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-formal	Total	Formal	In-formal	Total
Indian Tonic Water	–	1	1	–	–	–
Jam	–	2	2	–	–	–
Jelly Creams	–	1	1	–	–	–
Jelly Crystals	–	3	3	–	–	–
Lard	–	1	1	–	–	–
Lemon Cheese	–	1	1	–	–	–
Lemon Flavoured Vinegar	–	1	1	–	1	1
Lollipops	–	1	1	–	–	–
Lung Tonic Pastilles	–	1	1	–	–	–
Malt Vinegar	–	3	3	–	–	–
Mandarin Oranges	–	1	1	–	–	–
Margarine	–	5	5	–	–	–
Meat Paste	–	10	10	–	–	–
Meat Pie	–	5	5	–	–	–
Meat and Potato Pie	–	1	1	–	–	–
Milk	158	813	971	18	36	54
Milk Chocolate Easter Eggs	–	2	2	–	1	1
Milk Chocolate Seedless Raisins	–	1	1	–	–	–
inced Chicken	–	1	1	–	–	–
incemeat	1	8	9	–	1	1
Mixed Cut Peel	–	1	1	–	–	–
ixed Fruit Pudding	–	1	1	–	–	–
ustard	–	2	2	–	–	–
ougat	–	3	3	–	–	–
ut Milk Cubes	–	1	1	–	1	1
One-in-Ten" Vinegar Concentrate	1	–	1	–	–	–
range Drink	–	8	8	–	–	–
range Marmalade	–	1	1	–	–	–
range Squash	–	1	1	–	–	–
epper	–	1	1	–	–	–
ckled Beetroot	–	1	1	–	–	–
ineapple Juice	–	1	1	–	–	–
orage Oats	–	1	1	–	–	–
ork Pie	–	1	1	–	–	–
ork Sausage	1	21	22	1	7	8
owdered Gelatine	–	1	1	–	–	–
runes	–	1	1	–	–	–
ure Dairy Cream	–	1	1	–	–	–
aspberry Jam	–	1	1	–	–	–
aspberry Vinegar	–	1	1	–	–	–
um	2	–	2	–	–	–
lad Cream	–	2	2	–	–	–
lmon Paste	–	1	1	–	–	–
usage	–	1	1	–	–	–
lf Raising Flour	–	6	6	–	–	–
redded Beef Suet	–	1	1	–	–	–
da Water	–	1	1	–	–	–
ewed Steak and Gravy	–	1	1	–	–	–
oned Dates	–	1	1	–	–	–
awberry Jam	–	1	1	–	–	–
et	–	3	3	–	–	–
ltanas	–	1	1	–	–	–
eets	–	11	11	–	–	–
ble Jelly	–	5	5	–	–	–
a	–	5	5	–	–	–
ned Cream	–	2	2	–	–	–
mato Ketchup	–	2	2	–	–	–

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	Informal	Total	Formal	Informal	Tota
Vinegar	1	–	1	1	–	1
Wheatmeal Loaf	–	1	1	–	–	–
Whisky	4	–	4	–	–	–
White Flour	–	1	1	–	–	–
Worcester Sauce	–	1	1	–	–	–
Yeast Tablets	–	1	1	–	–	–
Xmas Pudding	–	4	4	–	–	–
Total	172	1,073	1,245	21	51	72

Table 12 *Feeding Stuffs Samples taken in* 1954

Pig Meal No. 1	2
Pig Meal No. 2	1
Cow Ration	1
Standard Dairy Nuts	1
N.P.F. No. 1A Layers	2
N.P.F. No. 2A Growers' Mash	2
N.P.F. No. 1A Battery Layers	3

Table 13 *Fertilisers Samples taken in* 1954

National Growmore Fertiliser	4
National Compound No. 1 Fertiliser	1
Compound Fish Manure	2
Soluble Fertiliser	1
Liquid Fertiliser	1
Soluble Blood Manure	1

Table 14 *Meat Inspection—Carcases Inspected and Condemned,* 1954

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed in public abbattoir ..	18,367	8,046	57,509	32,139
Number killed in private slaughterhouses	863	91	3,586	3,399
Number inspected	19,230	9,137	61,095	35,538
All Diseases except Tuberculosis:—				
Whole carcases condemned	20	264	44	59
Carcases of which some part or organ was condemned	5,110	18	4,720	3,210
Percentage of number inspected affected with disease	26·68	3·09	7·80	9·20
Tuberculosis only:—				
Whole carcases condemned	141	4	—	19
Carcases of which some part or organ was condemned	1,890	—	—	1,046
Percentage of number inspected affected with tuberculosis (approx.)	10·56	0·04	—	3·00

Table 15 *Whole Carcases and Organs Condemned,* 1954

	Cattle	Calves	Sheep	Pigs
Emaciation	5	2	14	1
Tuberculosis	141	4	—	19
Immaturity	—	103	—	—
Pyaemia	—	14	3	4
Jaundice	1	—	—	3
Oedema	1	88	9	6
Poliarthritis	—	47	—	—
Septicaemia	5	—	—	7
Fevered	5	6	8	12
Dead on arrival	—	—	9	4
Swine Erysipelas	—	—	—	3
Swine Fever	—	—	—	17
Septic Metritis	1	—	—	—
Septic Peritonitis	2	—	—	1
Braxy	—	—	1	—
Sapraemia	—	—	—	1
Totals	161	264	44	78

Table 16 *Partial Carcases and Organs Condemned,* 1954

		Partial Carcase	Lungs	Heart	Stomach	Intestines	Liver	Pluck	Udder	Head
Abscess	Cattle	5	135	–	72	134	1,036	–	98	183
	Sheep	16	–	–	–	–	46	14	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	9	–	–	–	36	–	159	–	88
Inflammatory Conditions	Cattle	7	165	194	385	192	89	–	132	2
	Sheep	18	–	–	–	–	79	8	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	14	–	–	–	1,260	–	56	–	–
Parasitic Conditions	Cattle	–	456	18	24	98	2,356	–	–	38
	Sheep	–	–	–	–	–	1,400	356	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	–	–	–	–	26	–	92	–	18
Tuberculosis	Cattle	39	840	132	179	358	870	–	53	492
	Sheep	–	–	–	–	–	–	–	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	9	–	–	–	56	–	430	–	260
Miscellaneous	Cattle	124	63	141	136	90	105	–	10	29
	Sheep	8	–	–	–	–	21	12	–	–
	Calves	–	–	–	–	–	–	–	–	–
	Pigs	39	–	–	–	24	–	31	–	9

Table 17 *Total Weight of Meat Condemned*, 1954

Home Killed

		lbs.
Beef:	whole carcases	79,001
	part ,,	15,629
Mutton:	whole carcases	2,165
	part ,,	341
Veal:	whole carcases	8,309
	part ,,	254
Pork:	whole carcases	10,433
	part ,,	2,210
	Total	118,342

Imported Meat and Meat Products

Beef	1,097
Pork	278
Mutton	2,290
Tripe	938
Udder	640
Bacon and Ham	2,430
Lunch Meat	6,401
Total	14,074

Weight of Offals Condemned

Beef	145,142
Mutton	3,956
Veal	2,159
Pork	33,027
Total	184,284

The total weight of meat condemned was 316,698 lbs., that is 141 tons, 7 cwts., 2 qrs., 18 lbs.

In addition, the following weight of tinned meats was condemned: 3 tons, 18 cwts., 3 qrs., 11 lbs.

Table 18 *Various Condemned Foods,* 1954

	tons	cwts.	qrs.	lbs.
Apples	—	6	3	4
Brussel Sprouts	–	2	3	12
Cabbages	9	–	2	–
Carrots	8	12	–	–
Cauliflowers	3	11	–	–
Celery	–	3	–	–
Cereals	–	1	1	2
Cheese	–	2	2	13
Cherries	–	–	2	–
Dried Egg	–	7	–	19
Dried Fruit	–	–	3	2
Dried Fish	–	1	–	14
Fats	–	–	–	12
Flour	–	1	2	12
Onions	–	13	1	7
Oranges	–	2	2	20
Pears	1	3	–	14
Peas	2	10	2	24
Potatoes	4	5	–	12
Shellfish	–	8	–	4
Swedes	1	15	2	–
Tomatoes	–	5	–	2
Wet Fish	–	18	–	21
Miscellaneous	–	6	–	15
Total	34	19	–	13

Table 19 *Condemned Tinned Goods,* 1954

	No. of tins
Fruit	3,642
Vegetables	1,995
Milk	935
Fish	262
Soup	274
Miscellaneous	1,074
Total	8,182

(*the weight of tinned meat condemned is given in Table* 17)

Table 20 *Particulars of Work Done by District Sanitary and Housing Inspectors during* 1954, *with Comparative Figures for* 1953

	1953	1954
Inspection of Dwellings:—		
No. of houses inspected under Housing Acts	808	1,444
No. of houses in respect of which notices were served requiring repairs	187	135
No. of houses rendered fit after formal notice		
(*a*) by owners	160	81
(*b*) by L.A. on default	20	11
No. of houses rendered fit without service of formal notices	43	65
No. of re-visits	3,227	2,543
No. of houses let in lodgings inspected	130	53
No. of notices served—owners	4	15
occupiers	91	2
lodgers	175	—
No. of notices complied with	86	6
No. of overcrowded houses visited	6	12
No. of houses decrowded	1	3
No. of houses demolished in pursuance of demolition orders	37	10
No. of houses inspected under Public Health Acts	12,616	14,097
No. of notices served requiring defects to be remedied at these houses	2,448	2,203
No. of notices complied with—		
(*a*) by owners	1,533	1,522
(*b*) occupiers	87	42
(*c*) by L.A. on default	140	216
No. of houses rendered fit without service of formal notices	875	599
No. of revisits	20,763	21,395
No. of common lodging houses visited	278	191
No. of notices served	—	58
No. of notices complied with	—	15
Inspections and Visits:		
No. of complaints investigated	4,319	4,303
No. of visits and inspections (other than dwelling houses)	2,758	2,324
No. of schools inspected	196	132
No. of graveyards inspected	18	—
No. of cinemas inspected	200	146
No. of piggeries inspected	400	119
No. of offensive trade premises inspected	94	60
No. of second-hand furniture and clothing shops visited	109	163
No. of public sanitary conveniences inspected (special survey)	—	145
Infectious Diseases:—		
No. of cases investigated	864	50
No. of re-visits	426	7
No. of samples of fæces and/or urine obtained	115	—
Miscellaneous Nuisances, etc.:—		
Dangerous places referred to City Engineer	76	60
Absence of or defective dustbins referred to Cleansing Department	210	105
Choked sewers and street gulleys reported	376	278
Wastes of water reported to Waterworks Department	212	132
Samples of water taken for:—		
(*a*) chemical analysis	195	336
(*b*) bacteriological examination	307	320
Premises dealt with under Prevention of Damage by Pests Act, 1949	16	28
Factories and Workplaces:		
No. of factories inspected	6	5
No. of workplaces inspected	56	8
No. of smoke observations	—	15

		1953	1954
Drain Testing:—			
Number of volatile tests	Positive	59	59
	Negative	545	547
Number of colour tests	Positive	413	485
	Negative	1,969	1,724
Number of smoke tests (rocket)	Positive	67	66
	Negative	134	108
Number of smoke tests (machine)	Positive	9	6
	Negative	10	19
Number of water under pressure tests	Positive	11	349
	Negative	34	917
Drainage and Sanitary Arrangements:—			
Choken drains cleansed		828	746
Drains amended		429	648
Drains reconstructed		464	951
Extra drains provided		409	754
Cellars drained		21	16
Drains underneath houses abolished		8	11
Drainage systems intercepted from sewer		12	34
Open drain inlets trapped		28	50
Waste pipes trapped		60	141
Waste pipes disconnected		98	375
Rainwater pipes disconnected		128	425
Rainwater conductors repaired or renewed		831	671
Sinks replaced		200	156
Sink waste pipes repaired or renewed		182	137
Waste water closets abolished		246	666
Water closet pedestals renewed		119	76
Water closets and flushing apparatus repaired		156	137
Water closets cleansed		21	40
Water closet apartments cleansed and limewashed		33	51
W.C. apartments properly lighted and ventilated		46	33
General repairs to water closets		257	366
Additional W.C. accommodation provided		289	510
Soil pipes repaired or renewed		78	57
Privy apartments cleansed and limewashed		3	9
Privy structures abolished		7	1
Privies converted to W.Cs.		5	3
Privies converted to Chemical closets		—	15
Ashpits abolished and dustbins substituted therefor		3	22
Urinals cleansed, amended, or screened		7	9
Urinals remodelled		1	—
New urinals provided		—	—
Dwelling Houses, Etc.:—			
Dampness excluded		863	703
Roofs repaired		707	564
Houses or parts cleansed and limewashed		37	33
Verminous houses disinfested		64	49
Ventilation improved		18	42
Window cords repaired or renewed		979	594
Lighting improved		12	6
General repairs executed		1,985	1,764
Cooking ranges repaired or renewed		223	120
Washing coppers provided or renewed		57	16
Handrails provided		5	3
New food stores provided and ventilated		6	—
Water supply improved		201	173
Houses supplied with city water supply		6	10
Outbuildings repaired		11	16
Septic tank and filter installations provided		2	1
Effluvium nuisances abated		50	42

Courts, Back Yards, Stable Yards, Etc.:—	1953	1954
Yard and passage paving repaired	10	12
Yards re-paved	5	5
Yards and passages newly paved	1	—
Yards cleansed	18	23
Passages cleansed and limewashed	—	1
Manure pits repaired	—	—
Manure pits provided	—	2
Keeping of Animals, Etc.:—		
Improper keeping of swine prohibited	7	9
Piggeries repaired	—	—
New piggeries provided	1	1
Piggeries abolished or disused	5	14
Improper keeping of fowls, etc., prohibited	8	11
Accumulations of offensive matter, etc., removed	88	77
Accumulations of manure removed	94	107

Table 21 *Factories Acts,* 1937 *and* 1948

Inspections for purposes of provisions as to health in 1954

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	271	200	19	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,404	947	90	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	33	6	—	—
Total	2,708	1,153	109	—

Cases in which defects were found

Particulars	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	No. of cases in which prosecutions were instituted
Want of cleanliness (S.1) ..	21	27	—	8	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	8	6	—	4	—
Inadequate ventilation (S.4)	2	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	9	5	—	9	—
(*b*) Unsuitable or defective	53	91	—	35	—
(*c*) Not separate for sexes	97	—	—	5	—
Other offences against the Act (not including offences relating to Outwork) ..	57	95	—	8	—
Total	157	225	—	69	—

Table 22 *Summary of Work Executed in Factories and Workplaces*, 1954

Summary of Work Executed	Factories	Work-places
No. of additional W.Cs. provided	45	8
No. of additional urinals provided	11	2
No. of obsolete urinals renewed	3	—
No. of existing conveniences provided with:		
(1) Sufficient ventilation	53	1
(2) Intervening ventilated spaces	141	1
(3) Notices indicating sex of user	85	—
(4) Effective screening	10	—
(5) Separate approaches	—	—
(6) Effective lighting by day	1	—
(7) Effective lighting by night	214	—
(8) Lavatory basins	* 20	16
(9) Drinking fountains	3	—
No. of Conveniences in connection with which:—		
(1) (*a*) Top and walls were white-washed, colour-washed or otherwise cleansed	97	—
(*b*) Surfaces were painted, renewed or satisfactorily cleansed	13	10
(2) Sanitary fittings were repaired	35	—
(3) General repairs to structure were carried out	41	—
(4) Drains, soil pipes, ventilating shafts were repaired or renewed	—	2
(5) Drains were cleansed	3	—
(6) Drains were amended or reconstructed	2	3
(7) New drains were provided	18	9
Drain Testing:—		
No. of colour tests—P	5	1
N	40	10
No. of volatile tests—P	—	—
N	—	—
No. of smoke tests—P	—	—
N	4	—
No. of hydraulic tests—P	—	—
N	—	—

* Enforced by H.M. Factories Inspector but incorporated in schemes supervised by Local Authority Factory Inspector.

Table 23

Factories Act, 1937, *Sections* 110 *and* 111

Number of Outworkers Engaged in Various Trades as at August 1954

Nature of Work	SECTION 110			SECTION 111		
	No of outworkers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. . .	166	—	—	—	—	—
Household linen . .	7	—	—	—	—	—
Curtains and furniture hangings	6	—	—	—	—	—
Furniture and upholstery	8	—	—	—	—	—
Umbrellas, etc. . .	1	—	—	—	—	—
Brush Making . .	1	—	—	—	—	—
Textile weaving . .	648	—	—	—	—	—
Total	837	—	—	—	—	—

Table 24 *Atmospheric Pollution—Annual Deposits,* 1944–1954

(Tons per Square Mile)

Year	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)	Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca
North							
1944	201·22	5·35	19·75	36·48	30·71	32·83	10·88
1945	194·91	3·60	36·12	40·34	29·31	19·96	7·90
1946	157·63	4·05	20·40	31·48	36·17	24·43	8·31
1947	214·10	2·96	36·31	74·52	29·13	17·56	3·37
1948	166·39	3·46	23·76	38·04	21·20	16·14	1·76
1949	177·48	2·71	28·29	39·93	32·40	18·97	3·49
1950	162·97	2·07	28·31	55·42	25·21	19·85	3·49
1951	190·03	5·00	24·01	58·01	31·94	19·28	3·51
1952	181·90	2·06	25·10	54·23	30·77	18·39	3·04
1953	192·01	1·26	33·12	57·96	37·96	12·75	3·33
1954	181·70	1·81	23·70	42·02	48·06	15·72	4·19
Central							
1944	246·00	6·83	35·77	68·91	29·03	35·14	9·04
1945	276·86	3·82	53·35	80·20	34·34	23·20	8·61
1946	255·92	5·30	40·01	78·89	42·34	32·61	6·05
1947	232·00	4·25	45·41	81·11	31·20	22·11	5·26
1948	233·28	3·65	44·33	75·15	30·58	23·73	3·53
1949	222·77	2·89	37·46	60·27	38·00	24·51	4·53
1950	223·94	2·63	48·90	83·67	28·46	23·96	3·95
1951	250·08	6·35	49·03	78·57	32·60	33·13	4·68
1952	231·18	2·97	49·74	73·21	32·29	21·04	4·52
1953	194·74	1·63	39·64	61·25	32·18	16·54	4·61
1954	284·02	3·14	61·53	88·94	48·18	23·06	4·88
Bierley Hall							
1950	142·51	2·39	24·82	41·86	22·47	19·84	3·83
1951	172·76	3·78	23·69	44·42	32·06	16·32	4·93
1952	132·17	1·78	21·48	33·33	20·39	12·47	2·93
1953	132·38	1·30	26·28	33·48	24·45	10·44	4·06
1954	153·26	2·02	25·70	33·29	33·90	14·49	3·35
Chellow Heights							
1950	121·27	1·98	12·37	28·88	23·81	22·52	3·86
1951	143·45	3·56	10·16	27·70	27·99	17·70	7·93
1952	124·43	1·73	15·83	30·08	27·12	15·32	3·88
1953	114·65	1·36	13·99	23·34	26·53	12·04	4·08
1954	156·19	2·05	20·86	34·55	38·55	17·69	4·73
Ambulance Depot							
1950 (7 mths.)	455·69	3·70	162·61	240·67	15·43	12·39	2·53
1951	807·22	11·61	241·91	437·21	41·44	18·65	7·32
1952	689·49	3·98	155·38	399·56	38·44	17·59	10·88
1953	570·40	2·62	140·09	300·55	40·00	14·20	12·23
1954	766·15	4·05	199·56	412·16	50·06	42·98	10·19

Table 25 *Atmospheric Pollution—Mean Monthly Deposits*, 1954
(Tons per Square Mile)

Station	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)	Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca
North	15·14	0·15	1·97	3·50	4·00	1·31	0·35
Central	23·67	0·26	5·13	7·41	4·01	1·92	0·41
Bierley Hall	12·77	0·17	2·14	2·77	2·82	1·21	0·28
Chellow Heights	13·02	0·17	1·74	2·88	3·21	1·47	0·39
Ambulance Depot	63·85	0·34	16·63	34·35	4·17	3·58	0·85

Table 26

Housing Acts Statistics, 1954

1.	The number of houses which on inspection were considered to be unfit for human habitation	311
2.	The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their officers	65
3.	The number of representations made to the Local Authority with a view to:	
	(*a*) the serving of notices requiring the execution of works	157
	or	
	(*b*) the making of demolition orders	138
4.	The number of notices served requiring the execution of works	135
5.	The number of houses which were rendered fit after service of formal notices	81
6.	The number of demolition orders made	96
7.	The number of houses in respect of which an undertaking was accepted under Section 11 of the Housing Act, 1936	1
8.	The number of houses demolished	101
9.	The number of houses overcrowded on 1st January, 1954	1,403
10.	The number of houses becoming overcrowded between 1st January and 31st December, 1954..	88
11.	The number of houses decrowded between 1st January and 31st December, 1954	191
12.	The number of overcrowded houses on 31st December, 1954	1,300

The number of houses closed as being unfit for human habitation under the Bradford Corporation Gas and Improvement Act, 1871	62

Annual Report of the Director of the Bradford Child Guidance Clinic

FOR THE YEAR ENDED MARCH 1955

Psychiatrist and Director: Dr. H. EDELSTON, M.D., D.P.M. (4 sessions per week)
Educational Psychologist: Mrs. B. BROOK, B.A. (full time)
Psychiatric Social Worker: Miss S. M. HEYWORTH, P.S.W. (full time)

Staff and Premises

There has been no change in staff during the year, but there has been a very important development in the position of the clinic as a whole. We have at last achieved the link-up with the Regional Hospital Board envisaged in my reports for 1953 and 1954. The arrangement is not peculiar to Bradford but is now a matter of National Health Service policy. All Child Guidance Clinics, unless specifically attached to a University or hospital, or run purely as a school psychological service, have the services of a Consultant Psychiatrist appointed by the Regional Hospital Board. From October 1st, 1954, when the new arrangement came into effect in Bradford, I have been appointed by the Regional Hospital Board, still on a part-time basis, but now four sessions per week—one more than previously. The other members of the staff are employed by the Bradford Education Committee as before. I can now spend more time in the clinic, and this is reflected in the larger case load we have carried this year.

TABLE I.—SUMMARY OF CASES REFERRED AND EXAMINED

	Referred	*Examined*	*Withdrawn*
Schools	37	28	9
Parents	42	34	7
School Health Dept.	44	31	9
Family Doctors	16	13	3
Probation Office and Juvenile Court	22	21	1
Education Department	9	8	1
Children's Officer	5	4	1
N.S.P.C.C.	1	1	—
Maternity and Child Welfare Department	3	1	2
Speech Therapist	6	4	2
Hospitals	4	4	—
Psychologist	7	5	2
Marriage Guidance Council	1	1	—
Special Schools	2	2	—
Family Service Unit	1	1	—
Other Child Guidance Clinics	—	—	—
	200	158	37

Five cases awaiting examination.

Table I shows the wide range of medical and social organisations taking advantage of our special services. The list of referring agencies, including as it does schools and school M.O.s, parents themselves and family doctors, the Children's Office and the Juvenile Court, hospitals and other consultant bodies, brings out the peculiar position of the clinic as a half-way house between the social and medical services of the city. Primarily we are a consultant service, and our assistance is called for where cases which are part social and part medical can be settled by neither agency acting alone. In our midway position we tend to be presented with problems found to be difficult of solution from the purely medical or purely social aspect; an invidious position sometimes, but one which offers unique advantages in that we can be the liaison between these two aspects which otherwise may have little communication with each other. Our position calls for wide contacts to enable us to make full use of it, and we are fortunate in our good relations with the many social and medical agencies listed in Table I.

TABLE II.—SYMPTOMS FOR WHICH REFERRED

Symptoms	*Number of Cases*
Stealing	45
Aggressive and difficult behaviour	40
Evasive behaviour problems, truanting, lying, refusal to go to school	15
School failure and backwardness	19
Anxieties, fears, shyness and depression	25
Enuresis and soiling	26
Psycho-somatic disorders	6
Sleep disturbance, sleepwalking, nightmares and terrors	5
Nervous habit disorders	4
Regressive behaviour: babyishness and immaturity	6
Sexual aberrations	3
Remedial teaching	2
Speech defects: stammer and babyish speech	2
Physical disorders—epilepsy	1
Mental illness	1
	200

In Table II can be seen the kind of symptoms for which these children are referred to us. I have given it in a little more detail than usual to emphasise the variety of problem presented. Even under the heading "Stealing"—which still continues to be the largest single cause for referral—there lies a multiplicity of variations in which greatly differing personalities are involved in very different situations. Our business is to sort these out and offer advice and/or treatment accordingly. We are still unable to give a clear and satisfactory classification of patients from the point of view of diagnosis; in other words, we cannot put a simple label to a case such as a doctor does when he diagnoses, say, measles or chicken pox. With our material, reports and diagnoses have to be more elaborate and more complex. It makes for difficulties, especially as there is no absolute conformity between authorities in the field, but it must be borne in mind that one cannot compress complicated life situations into a formula. On the other hand, this difficulty is engaging the attention of many Child Psychiatrists and I have no doubt that in due course some effective compromise in terminology will be worked out.

Diagnosis

The easiest approach to diagnosis is to give an example or two to show what we look for in our examination and what we are liable to find. If we take cases referred for Nocturnal Enuresis (bed wetting) of which there is a steady stream year after year, what is of root importance is not the enuresis itself, but the kind of child who wets the bed and under what circumstances. In this we are able to distinguish two main types. First, there is the anxious child who wets because he is worried. Sometimes the nature of his worry is more or less clearly discernible, or emerges during the course of his treatment.

Case 1. Basil was referred for nocturnal enuresis coupled with complaints of pilfering and general anxiety. We found him to be an over-active, impulsively energetic boy with much wild fantasy; he had a hasty temper about which he was genuinely sorry afterwards, especially if he had hurt someone and done some damage. He attended regularly for play treatment and was doing very well—his wetting slowly subsiding—when there was a sudden and complete relapse. It then emerged that some money was missing at home and he was accused of stealing it. He denied it at first but later owned up with much guilty anxiety on his part. On talking the matter over with him and his parents, he rapidly improved again. This was the pattern of his wetting, the cure of which implied, of course, attention to his tendency to pilfer and, in fact, generally to his awkward character, which was the most important aspect of the case.

On other occasions the source of the anxiety lies not so much in the external social life, but in some disturbing fantasy in the inner life of the child.

Case 2. Stewart was sent by the Consultant Pediatrician from one of the local hospitals on account of a long-standing enuresis. His mother told us he had wet the bed practically every night as long as she could remember. He proved to be an emotional, anxious boy, very easily upset and with an equally anxious mother.

In a free play group the boy rapidly regressed to a low level of play (in spite of his high intelligence). He developed a peculiar and significant kind of fantasy which took the form of cave-building with the large hollow blocks we keep in the play room. There was a rapid and dramatic relief of symptoms; the bed wetting disappeared after a few weeks and he kept completely dry for the next three months that he attended the clinic.

His mother was so delighted with the result that she promptly brought along her second boy, also for bed wetting! In this case, too, there was a satisfactory response but not quite so complete as with the older brother. Though for external reasons the older boy could not continue his attendances, we are still keeping in touch, for here, again, his anxious nature is as much, or even more, the object of treatment than the enuresis.

The above two cases are examples of the kind of bed wetter for which our play treatment is very effective. They were more common once than they are to-day. Our example of tolerance and understanding for this habit disorder, instead of the former admonition and punishment, is making itself widely felt. On the other hand we are now presented with the second type which we find much more difficult to cure:

CASE 3. Billy, aged 13, came to us *via* the Probation Officer, who had noted he was enuretic. He was a low-level dull boy, careless and happy-go-lucky, completely and happily adjusted at his own level. He came from a slummy, dirty home where bed wetting was not looked upon as anything unusual. As he said, "The others did it, too." He was not in the least ashamed, nor did we see in him any anxiety which might serve as a spur to get him better. Free play treatment was certainly not for him.

I have presented these cases to show how the same symptoms may have very different origins in different cases and need correspondingly different methods of handling. Moreover, the cases show that there is no simple remedy, no formula to be applied to all as a routine, and that what is effective with one child may fail with another. The anxious child over-disciplines himself and needs tolerance and understanding; the careless, indifferent child could do with more and better training for self-discipline. Similar considerations hold, for example, in the field of delinquency reactions, but I must leave these for another occasion.

TABLE III.—TREATMENT CASES

Cases carried forward from previous years	45
Cases began and finished in 1954	32
Cases carried forward to 1955	37
Total cases under treatment 1954	114

TABLE IV.—RESULTS OF TREATMENT CASES CLOSED IN 1954

Improved	47
Not improved	6
Discontinued treatment	19
	72

TABLE V.—DISPOSAL OF NON-TREATMENT CASES

Advice to schools	12
Transfer to Linton Camp School	11
Advice to parents	10
Transfer to Special Schools—McMillan, Thorn Garth Hostel and Odsal Deaf School	10
Probation advised	9
Referred back to general practitioner for physical treatment	5
Transfer to Social Agencies, Family Service Unit, etc.	—
Transfer to Probation Hostels and Homes	2
Transfer to Secondary Modern School	2
Transfer to Speech Therapist	1
Transfer to Approved School	2
Referred back to School Medical Dept. for physical treatment	1
	69

Treatment

I am particularly happy that with more time at the clinic I can now attempt to help some of the more seriously disturbed parents. It is generally understood and accepted that parents' problems and their children's are interconnected, and both may need attention. For the most part parents are seen by the Psychiatric Social Worker (Miss Heyworth), but there are a few who need treatment from a Psychiatrist. Our real difficulty is the length of time involved in the treatment of the severely neurotic, not to mention the severe resistances encountered. Unfortunately, as I have mentioned in earlier reports, we have no proper facilities locally to which we could refer such patients for the deep psychological analysis required by many.

As an indication of the length of time that neurotic symptoms may persist and their crippling effects in after life, I would quote the following case of a young woman of 25, at one time a patient at the Child Guidance Clinic, who has now had to come to me for analytic treatment privately.

CASE 4. Kate was a patient at the Child Guidance Clinic at the age of 11. The complaint was of "sickly feelings" which came over her in the school assembly. Because of these "sickly feelings" she became afraid and finally refused to go to school. She was diagnosed as an Acute Anxiety State and taken on for treatment. She improved considerably, sufficiently to resume school attendances, when she ceased to come to the clinic. It was noted at the time that she was of a highly nervous disposition and that she might have further symptoms later.

I saw her again nearly 14 years afterwards for a complete nervous breakdown from which she has slowly recovered after prolonged psychological treatment. In the course of the treatment she explained how much she had resisted her earlier clinic attendances and why she gave up as soon as she could. She had disliked other children (and adults!) knowing she was a clinic patient because they had given her to understand she was "mental" and teased her about it. (At the age of 11 she had kept this to herself and as an adult found it difficult to tell me.)

There are still some misguided people who persist in talking of children attending the clinic as if they are "mental" or "backward," or attributing some such stigma to them. It is a cruel and unthinking attitude and can do a great deal of harm, besides being very false in its reasoning. Our children are of all grades of intelligence; our nervous cases, far from being stupid and backward, are more often the intelligent and sensitive ones who may, in the end, prove to be better citizens than the dull routiners.

I should like to comment upon one type of "treatment" carried out, because it leads directly into the field of Mental Hygiene. I refer to those cases where the parent alone is seen and it is not necessary to bring the child to the clinic.

CASE 5. The Educational Psychologist saw Tessa, aged 3, at the School Medical Department where she had been referred by the Maternity and Child Welfare Department for examination. She was thought to be backward because of her unruly and uncontrolled behaviour.

She proved to be about average on test. At the same time she was noted as a stubborn little girl who meant to get her own way at all costs. Prominent also was the mother's attitude, "I am going to master this child . . .," which was the source of constant and undignified fights, arguments and reprisals, all holding up the child's progress.

We do at times take on children as young as this for play treatment, but here it was not thought necessary. More to the point was assistance for the mother, who, accordingly was given regular sessions by the Psychiatric Social Worker. These sessions were by no means didactic, for the Psychiatric Social Worker makes no attempt to instruct mothers on what to do with their children; any instruction is purely incidental. The aim, rather, is to give a mother enough insight to help her to overcome the feelings which come between her and the child. In this case the mother's own unhappy childhood had left her with aggressive attitudes which she was carrying over into the present situation.

Within the space of three months the mother's attitude had eased so much that she was quite happy with her child, and the latter was reacting by behaving like a normal three year old.

A case such as the above means far more than the treatment of just one particular child, for it is obvious that the mother will carry over her newly-formed attitudes to other children, and to her relatives generally. In this way understanding spreads slowly through the community. It is well known that the approach of the public to many problems of childhood, for example towards children's jealousies and sibling rivalry, to the child's need for security, etc., has altered considerably of recent years as a result of the influence of the work done in Child Guidance Clinics. This is reflected in the different kind of case we see nowadays. Children's jealousies, for example, are now better tolerated and handled, and we are less often consulted about the simpler cases than we were at one time.

Teaching

This is a good place to consider our educational value to the community, particularly as, of recent years, there has been much dissemination of information on the upbringing of children through various channels. Lectures and pamphlets, books and the like, certainly have their value, but in the psychologically determined disorders of childhood, where emotional elements predominate, they have their limitations. As many a parent has found to her cost, the best of instructions helps very little when emotional upheavals prevent them being carried out. My sympathy is with the mother who cried out, "I know I shouldn't lose my temper but I do." What this woman needs, like so many others, is help and support on the job rather than advice and exhortation from the armchair.

However much the above may apply to the general public, it is particularly true when considering the teaching and training of those who have to work with difficult children. Often enough, say, with Probation Officers or other Social Workers, much of the knowledge is there and what is wanted from us is the emotional support to give them assurance and confidence. Work with nervous people—both children and adults—can be very trying and without some such outside assurance it may not be easy to maintain the required attitude of patience and tolerance as long as may be needed. For this reason we welcome the active participation of interested parties in the cases that come to us. Nothing can be so valuable or replace the insights gained by personal contact with case work in this way.

We carry through this policy in the teaching we give to the student visitors who come to us. For instance, each year we have had a number of teachers with long experience of normal teaching, who are taking a post-graduate diploma for which they attend here once a week for a full term. We incorporate them into the clinic team as much as we can. They attend case conferences and are brought into suitable play groups as far as possible; the Social Science students assist the Psychiatric Social Worker with social histories and visits to homes, etc. Altogether we work for the maximum of active participation from them. Such teaching as there is, is clinical, and arises directly out of particular cases under treatment at the time; therefore it is very much alive and real to the students. The method finds its parallel in the clinical training of medical students, and in a way it is a return to the old master-apprentice relationship. Our older, more adult students, particularly, have told us afterwards how much they appreciate the insight given into what otherwise might have been mere intellectual formulations.

Conclusion

From this report, taking clinical stock as it were, can be seen the two aspects of our work. First and foremost direct treatment of cases needing immediate help. Only a small number—200 out of a school population of 40,000—may need our intensive attention, but the influence of our treatment radiates much more widely. Through parents and relatives, and through the officials of various kinds concerned, we are able to affect—for the better—many more people than those actually seen at the clinic. This we would call true mental hygiene carried out where most needed.

Educational Psychologist

Mrs. Brook has carried out her usual work in the schools. She has spent 2 days a week in the schools seeing children at the wish of Head Teachers. Sometimes the children are backward, in which case she advises admission to a special school or special methods of teaching. Sometimes the Head Teacher wishes to know whether he is dealing with a lazy, a dull or a mentally ill child; through a preliminary interview and diagnosis in school, much time at the clinic can be saved. Often advice and understanding of the child's character enables the school itself to deal with the problem. Hence, although only 200 children are finally seen at the clinic yearly, more than 600 are screened in the schools.

In addition, Mrs. Brook is seconded to the School Health Department for a session a week to test physically handicapped children. These children demand from the tester a high degree of training and skill if their mental processes are to be assessed accurately. Especially is this so with the Cerebral Palsied children who often are classified as more backward than need be and can be greatly assisted by specialised teaching.

Owing to shortage of time, Mrs. Brook has been able to undertake only one or two Remedial teaching classes at the clinic. She feels very strongly about the backward children who could benefit from Remedial Teaching, and still looks forward to the time when a Remedial Teaching Centre can be established in Bradford where these backward children could go for a period of 6 months to 2 years to learn the basic skills of reading, writing and arithmetic. She feels also that in the schools the question of matching capacity and performance might not be given sufficient attention, and she would like to see yearly screening of the 8 to 9-year-olds in the Junior School so that cases could be checked at an early age. All that is required is a group performance test and reading, writing and arithmetic tests.

The presence of over forty pupils in some classes in Junior Schools makes it very difficult to give the backward children the individual attention they need.

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